


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P03000135786 1. Entity Name CONWAY CARPENTRY INC. | |  |
| Principal Place of Business 3625 SQUIRE LN ORLANDO FL 32806 | | Mailing Address 3625 SQUIRE LN ORLANDO FL 32806 |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | 4. FEI Number 86-1088659 Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 1st MOORE CR2E034 (10/07) |



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|--|--|
| 6. Name and Address of Current Registered Agent ROCKE, DIRK A 3625 SQUIRE LN ORLANDO FL 32806 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature: Type or print name of current registered agent and title, if applicable. If OFF Registered Agent, name not required when not changing. DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing .. \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROCKE, DIRK A 3625 SQUIRE LN ORLANDO FL 32806 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000841578 03/10/08-80023-010 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ROCKE, IRENE 3625 SQUIRE LN ORLANDO FL 32806 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dirk A. Roche **Dirk Roche** Date: **2-23-08** Daytime Phone #: **407-957-0788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR