

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 007 ***150.00

DOCUMENT # P03000135978					
1. Entity Name DAVID E. FRYE CARPENTRY INC.					
Principal Place of Business PO BOX 5 GIBSONTON, FL 33534			Mailing Address PO BOX 5 GIBSONTON, FL 33534		
Principal Place of Business - No P.O. Box #			3. Mailing Address		
Apt. #, etc.			Suite, Apt. #, etc.		
State			City & State		
Country		Zip		Country	
4. FEI Number 20-0433459				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRYE CARPENTRY 11310 US 44 LOT 27 GIBSONTON, FL 33534			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 obligation of, registered agent. SIGNATURE: <u>David E. Frye</u> DAVID E. FRYE <u>5-23-08</u> <small>(Signature typed or printed name of registered agent and fee is applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILED FEE IS \$150.00 Due September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME FRYE, DAVID E STREET ADDRESS PO BOX 5 CITY-ST-ZIP GIBSONTON, FL 33534	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE V NAME FRYE, PORINDA STREET ADDRESS PO BOX 5 CITY-ST-ZIP GIBSONTON, FL 33534	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information stated 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: David E. Frye DAVID E. FRYE <u>5-23-08</u> (813) 671-2026 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					