

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136225

1. Entity Name
JEFF SONKSEN CARPENTRY, INC.



Principal Place of Business
**560 THAMES CIR
LONGWOOD, FL 32750**

Mailing Address
**560 THAMES CIR
LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2408307	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

**SONKSEN, JEFF
560 THAMES CIR
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revalidating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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

TITLE	DPST
NAME	SONKSEN, JEFF
STREET ADDRESS	560 THAMES CIR
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000856531
07/28/08-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-08

Date

Daytime Phone

407-614-0050