


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90025 040 \*\*\*150.00

<b>DOCUMENT # P03000137284</b>	
1. Entity Name <b>LA'S CARPENTRY, INC.</b>	

Principal Place of Business <b>314 WASHINGTON AVENUE GULF BREEZE FL 32561</b>	Mailing Address <b>314 WASHINGTON AVENUE GULF BREEZE FL 32561</b>
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2. Principal Place of Business <b>116 Gilmore Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>116 Gilmore Drive</b> Suite, Apt. #, etc.
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City & State <b>Gulf Breeze FL</b>	City & State <b>Gulf Breeze FL</b>	4. FEI Number <b>20-0425199</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32561</b>	Country <b>Santa Rosa</b>	Zip <b>32561</b>	Country <b>Santa Rosa</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH FL 32459</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LARRY ABNEY DIRECTOR</b> <input type="checkbox"/> Delete <b>116 GILMORE DRIVE</b> <b>GULF BREEZE, FL 32561</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Delete <b>LARRY ABNEY</b> <b>116 GILMORE DRIVE</b> <b>GULF BREEZE, FL 32561</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 687, 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:**  **LARRY ABNEY** **PRESIDENT** **02-19-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #