


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000138989 1. Entity Name JG CARPENTRY SERVICES OF PASCO COUNTY, INC.	
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Principal Place of Business 3121 PALAMORE DR HOLIDAY, FL 34691	Mailing Address 3121 PALAMORE DR HOLIDAY, FL 34691
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DO NOT WRITE IN THIS SPACE



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0469115	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GORDON, JOHN H
3121 PALAMORE DR
HOLIDAY, FL 34691

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, JOHN M 3121 PALAMORE DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, PAULA J 3121 PALAMORE DR HOLIDAY, FL 34691
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05/10/04-80007-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Gordon 5-6-04 727/842-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #