2007 FOR PROFIT CORPORATION ANNUAL REPORT-

SIGNATURE(¥

May 08, 2007 8:00 am Secretary of State DOCUMENT # P03000139220 05-08-2007 90012 016 ***150.00 J.M.S. CARPENTRY, INC. Principal Place of Business Mailing Address 14036 AMES AVE. 40100200 14036 AMES AVE. ORLANDO, FL 32826 ORLANDO, FL 32826 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 90-0126506 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDOVAL, JESUS Street Address (P.O. Box Number is Not Acceptable) 14036 AMES AVE. ORLANDO, FL 32826 Zio Code). iš 🤾 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition NAME SANDOVAL, JESUS NAME STREET ADDRESS 14036 AMES AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP s VP TITLE Delete TITLE Change | Addition PARTIDA, JOSE G MARM SANGOVA NAME NAME 14036 AMES AVE. STREET ADDRESS STREET ADDRESS 14036 AMES AVE CITY - ST - ZIP ORLANDO, FL 32826 CITY-ST-7IP ORLANGO 32826 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \square Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.