FILED Feb 26, 2008 8:00 am Secretary of State 02-26-2008 90003 047 ***150.00

ANNUAL REPORT							
	DOCUMENT # P03000139638 1. Entity Name						
	The County I wante	1.8					

PRICE FI	NISH CARPENTRY, INC.)									
Principal Plac	e of Business	Mailing Address	- The state of the	_							
8600 E HENDERSON TRL 710 Laurel Ave 8600 E HENDERSON TRL 7/0 Laurel Ave 9000 =											
COMPUTED IN SERVICE OF THE SERVICE O											
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
7104	710 Laurel Ave 710 Laurel		1 Ave		BM lifts BØITI ÆMTIL DWIL	el ila es ilite falla	MILLER PIEME SAN	imai ii feri			
Suite, Apt. #, etc. Suite, Apt. #, etc.				02112008	Chg-P	CR2E034	(12/06)				
	City & State City & State City & State TNUCKNOSS F		=1	4. FEI Number 20-04461	44			plied For			
Zip	Country	Zip	Country	5. Certificate of S	<u></u>	□ \$	8.75 Add	t Applicable litlonal			
3445		3445A	us A	<u>. l</u>		F6	e Require	d			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name											
PRICE, RA 8600 E HE	ANDY INDERSON TR L 7/0 Law	Street Address	Street Address (P.O. Box Number is Not Acceptable)								
INVERNE	SS, FL 34450 3 4451					<u> </u>					
			City				Zip Code				
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											
	tions of registered agent.	and perpendicularity not	ogistored singe of region	area ago.n, or boun, i	المرابع والماني والماد	Tanyiai	Tallor Trans	and dodopt			
SIGNATURE.		AND TO AND THE RESERVE OF THE PARTY OF THE P	5-11-12-11-11-11-11-11-11-11-11-11-11-11-		·····						
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
	FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CH	IANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11			
TITLE NAME	PSTD PRICE, RANDY	☐ Delete	TITLE NAME			(Change	Addition			
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CITY-ST-ZIP							☐ Change	Addition			
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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: Jandy Luce KANDY PRICE OWNER 2-23-08 352 8600675											