


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 009 ***150.00

DOCUMENT # P03000140482					
1. Entity Name ANDERSON CARPENTRY, INCORPORATED					
Principal Place of Business 11313 104TH ST NORTH LARGO, FL 33773			Mailing Address 11313 104TH ST NORTH LARGO, FL 33773		
2. Principal Place of Business 11313 104th St N.		3. Mailing Address 11313 104th St N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Largo FL.		City & State Largo FL.			
Zip 33773		Country USA		Zip 33773	
Country USA		Country USA			
4. FEI Number 20-0476130			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
ANDERSON, GWYN W 11313 104TH ST NORTH LARGO, FL 33773					
7. Name and Address of New Registered Agent					
Name Gwyn W. Anderson					
Street Address (P.O. Box Number is Not Acceptable) 11313 104th St N.					
City Largo FL 33773					
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 Gwyn W. Anderson (NOTE: Registered Agent signature required when reinstating) DATE 5-6-05					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GWYN W 11313 104TH ST NORTH LARGO, FL 33773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> 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 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: Gwyn W. Anderson Date 5-6-05 Daytime Phone #					