2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AF	₹)	Mar 24, 2	006 08.0	$0$ $\mathbf{A}$ $\mathbf{M}$
DOCU 1. Entity Nam	MENT # P03000140	0748			ry of Sta	
JOSEPH	DEVILLERS CARPENTRY	, INC.				
Principal Place of Business		Mailing Address				
107 CLUB ROAD SANFORD FL 32771		107 CLUB ROAD SANFORD FL 32771		* ( <del>***********************************</del>	1 2219: IJBN 212N 22N 172N 21	39) (81)89) (1 )93)
JAN OND	- C SELFT	ONIN OND I L SETT I				
2. Principal Place of Business		3. Mailing Address			a maner (1911 Start address 1994 of	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		tst MOORE	CR2E034 (10/05	9)
City & State		City & State		4. FEI Number 20-0453264 Applied For Not Applied.		
Ζιp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Req	Additional jured
6. Name and Address of Current Registered Agent			Nome	7. Name and Address of New I	Registered Agent	
DE\	/ILLERS, JOSEPH	_	Name	<u></u>		
107	CLUB ROAD NFORD FL 32771	_	Street Address	s (P.O. Box Number is Not Acceptable	e) 	
JAI	VEORD PL 32111					
			City		FL Zip (	Code
	a named entity submits this stateme tions of registered agent.	nt for the purpose of changing it	is registered office or regist	ered agent, or both, in the State of FI	orida. I am familiar v	with, and accep
ine obliga	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered r	agent and title if applicable (NO	TE. Registored Agent signature require	ad when reinstating)	DATE	<del></del>
F	ILE NOW!!! FEE IS \$150.00	Charles Systems		9. Election Camp	aion Financino 5	55.00 May 2
	May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen			Trust Fund Co		Added to Fees
10.	The state of the s	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
ME	PSTD	☐ Delete	LUTE		Chan	nge 🔲 Altin
NAME STREET ADDRESS	DEVILLERS, JOSEPH 107 CLUB ROAD		NAME STREET ADDRESS	סמפסט	479844	_
CTTY-ST-ZTP	SANFORD FL 32771		CHTY-ST-ZIP	04/10/06-	80019-013	150.00
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NAME STREET ADDRESS			NAME STREET ADDRESS			
C/TY-SI-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if charged, or on an attachment with an existess, with all other like impowered.

SIGNATURE:

**FILED**