2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Apr 07, 2008 08:00 All Secretary of State DOCUMENT # P03000140748 1. Entity Name JOSEPH DEVILLERS CARPENTRY, INC. Principal Place of Business Mailing Address 107 CLUB ROAD 107 CLUB ROAD SANFORD, FL 32771 SANFORD, FL 32771 No Chg-P CR2E034 (11/05) 03022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0453264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEVILLERS, JOSEPH 107 CLUB ROAD IN THIS SPACE SANFORD, FL 32771 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000882495 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/16/08-80043-016 150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE DEVILLERS, JOSEPH STREET ADDRESS 107 CLUB ROAD CITY-ST-ZIP SANFORD, FL 32771 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 TITLE NAME STREET ADDRESS

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 an other like empowered.

SIGNATURE

CITY-ST-ZIP

GNA JURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

407-353-0515