

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90080 012 \*\*\*150.00  
 08-19-2005 90010 009 \*\*\*400.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**50062533**



<b>DOCUMENT # P03000141280</b> 1. Entity Name <b>BRUCE MILLER CARPENTRY, INC.</b>			
Principal Place of Business <b>1015 N ALHAMBRA CIRCLE          NAPLES, FL 34103</b>		Mailing Address <b>1015 N ALHAMBRA CIRCLE          NAPLES, FL 34103</b>	
2. Principal Place of Business <b>1331 Chesapeake Ave</b>		3. Mailing Address <b>1331 Chesapeake Ave</b>	
Suite, Apt. #, etc. <b>Apt #1</b>		Suite, Apt. #, etc. <b>Apt #1</b>	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
Zip <b>34102</b>		Country <b>Collier</b>	
4. FEI Number <b>58-2677720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLER, KENNETH B          1015 N ALHAMBRA CIRCLE          NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Miller, Kenneth B</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 Chesapeake Ave</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34102</b>	
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 <i>[Signature]</i> <b>6/20/05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>MILLER, KENNETH B</b> STREET ADDRESS <b>1015 N ALHAMBRA CIRCLE</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Miller Kenneth B</b> STREET ADDRESS <b>1331 Chesapeake Ave</b> CITY-ST-ZIP <b>Naples FL 34102</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <i>[Signature]</i> <b>Kenneth Bruce Miller</b> <b>6/20/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	