

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90358 037 \*\*\*150.00

DOCUMENT # P03000141316

1. Entity Name  
ROBBIE GREEN CARPENTRY INC.



Principal Place of Business  
614 SUMMIT CT  
KISSIMMEE, FL 34741

Mailing Address  
614 SUMMIT CT  
KISSIMMEE, FL 34741

2. Principal Place of Business  
3807 Fruit Loop Circle

3. Mailing Address  
//



01062004 Chg: P CR2E034 (10/03)

City & State  
Kissimmee FL

City & State  
//

4. FEI Number  
43-2036074 ☒ Applied For  
Not Applicable

Zip  
34741

Country  
Osceola

Zip  
34741

Country  
//

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BAILEY, SONJA J  
722 BRASSIE LANE  
KISSIMMEE, FL 34759

## 7. Name and Address of New Registered Agent

Name  
Bobbie Green  
Street Address (P.O. Box Number is Not Acceptable)  
3807 Fruit Loop Circle  
City  
Kissimmee, FL Zip Code  
34741

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 *[Signature]*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | GREEN, ROBBIE       |                                 |
| STREET ADDRESS | 614 SUMMIT CT.      |                                 |
| CITY-ST-ZIP    | KISSIMMEE, FL 34741 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P./Owner/All the above    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| NAME           | Green, Bobbie             |  |
| STREET ADDRESS | 3807 S. Fruit Loop Circle |  |
| CITY-ST-ZIP    | Kissimmee FL              |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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 changed, or on an attachment with an address, with all other like empowered.

*[Signature]*