

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 030 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P03000141938 1. Entity Name W. WENCK CARPENTRY INC | | | |  | |
| Principal Place of Business 6520 SABAL DRIVE SARASOTA, FL 34242 | | | Mailing Address 6520 SABAL DRIVE SARASOTA, FL 34242 | | |
| 2. Principal Place of Business - No P.O. Box # 6520 SABAL DR | | 3. Mailing Address 6520 SABAL DR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State SARASOTA FLA | | City & State SARASOTA FLA | | 4. FEI Number 20-0398948 | |
| Zip 34242 | | Country SARASOTA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 34242 | | Country SARASOTA | | | |
| 6. Name and Address of Current Registered Agent WENCK, WARREN 6520 SABAL DRIVE SARASOTA, FL 34242 | | | | 7. Name and Address of New Registered Agent Name WENCK WARREN Street Address (P.O. Box Number is Not Acceptable) 6520 SABAL DR City SARASOTA FL Zip Code 34242 | |
| 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 WARREN WENCK  DATE 02-06-07 <small>Signature, typed or printed name of registered agent; and if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WENCK, WARREN 6520 SABAL DRIVE SARASOTA, FL 34242 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WENCK WARREN 6520 SABAL DR SARASOTA FLA 34242 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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 all other like empowered. | | | | | |
| SIGNATURE WARREN WENCK  | | | | Date 02-06-07 Daytime Phone # 941 539 1483 | |