

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 017 ***150.00

DOCUMENT # P03000142361

1. Entity Name
WILLIAM ST. LOUIS CARPENTRY, INC.



Principal Place of Business
**686 S E 95TH STREET
OCALA, FL 34480**

Mailing Address
**686 S E 95TH STREET
OCALA, FL 34480**

50052234



05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0427740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. LOUIS, WILLIAM
686 S E 95TH STREET
OCALA, FL 34480**

**DO NOT WRITE
IN THIS SPACE**

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, 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ST. LOUIS, WILLIAM F
STREET ADDRESS	686 S E 95TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	STD
NAME	ST. LOUIS, MARGARET L
STREET ADDRESS	686 S E 95TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	VP
NAME	HENRY, WILLIAM J
STREET ADDRESS	686 S E 95TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	VP
NAME	TWEDDLE, EDWARD R
STREET ADDRESS	686 S E 95TH STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F ST. LOUIS

Date

Date

5/11/05

Daytime Phone #

352-237-5452