2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # P03000143308 1. Entity Name 03-09-2004 90004 033 ***150.00 KEITH ECK CARPENTRY, INC. Principal Place of Business Mailing Address 5621 CENTER STREET **5621 CENTER STREET** WIMAUMA FL 33598 WIMAUMA FL 33598 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECK, KEITH L Street Address (P.O. Box Number is Not Acceptable) 5621 CENTER STREET WIMAUMA FL 33598 Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete ☐ Addition TITLE ☐ Change ECK, KEITH L NAME NAME STREET ADDRESS 5621 CENTER STREET STREET ADDRESS CITY-ST-ZIP WIMAUMA FL 33598 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ECK, DANIEL R NAME NAME 4104 56TH AVE. TERR EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete DTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 if

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