


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/31

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-30-2004 90006 013 ***150.00

DOCUMENT # P03000144069 1. Entity Name HAMMERHEAD TRIM CARPENTRY, INC.					
Principal Place of Business 7649 DAPHNE AVE ORLANDO FL 32812				Mailing Address 7649 DAPHNE AVE ORLANDO FL 32812	
2. Principal Place of Business 7649 DAPHNE AVE		3. Mailing Address 7649 DAPHNE AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando FLA.		City & State Orlando FL		4. FEI Number 412121444	
Zip 32812		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINEDA, LUIS A 7649 DAPHNE AVE ORLANDO FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEDA, LUIS A 7649 DAPHNE AVE ORLANDO FL 32812	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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					
Date _____ Daytime Phone # _____					