


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**


DOCUMENT # P03000145835  
1. Entity Name  
SNE CARPENTRY & HOME MAINTENANCE, INC.



Principal Place of Business  
1926 TAYLOR ROAD  
PORT ORANGE, FL 32128

Mailing Address  
1926 TAYLOR ROAD  
PORT ORANGE, FL 32128

**DO NOT WRITE IN THIS SPACE**



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0491599	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, STEPHEN N.  
1926 TAYLOR ROAD  
PORT ORANGE, FL 32128

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWARDS, STEPHEN N 1926 TAYLOR RD PORT ORANGE, FL 32129
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000000307288  
04/15/05-80047-025 150.00

000000307288  
04/15/05-80047-026 8.75

**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)(f), 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 Stephen N. Edwards 4/12/05 386-761-2223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #