



2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 016 ***150.00

DOCUMENT # P03000146839 1. Entity Name J & J CARPENTRY OF SARASOTA, INC.					
Principal Place of Business 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			Mailing Address 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		
2. Principal Place of Business - No P.O. Box # 2846 WILLIAMSBURG ST Suite, Apt. #, etc.		3. Mailing Address 2846 WILLIAMSBURG ST Suite, Apt. #, etc.			
City & State SARASOTA FL Zip 34231		City & State SARASOTA FL Zip 34231		4. FEI Number 20-0467946	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name JEFF HOLMES Street Address (P.O. Box Number is Not Acceptable) 2846 WILLIAMSBURG ST. City SARASOTA FL Zip Code 34231	
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: <u><i>Jeff Holmes</i></u> 2-2-07 <small>(Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)</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	PSTD HOLMES, JEFF 2846 WILLIAMSBURG STREET SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENHEM, CHRISTOPHER 2337 WELLS AVE SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Jeff Holmes</i></u>			2-2-07 (941) 923-7224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

JEFF HOLMES