


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90198 002 \*\*\*150.00

<b>DOCUMENT # P03000146839</b>		
1. Entity Name <b>J &amp; J CARPENTRY OF SARASOTA, INC.</b>		

Principal Place of Business <b>2846 WILLIAMSBURG ST. SARASOTA, FL 34231</b>	Mailing Address <b>2846 WILLIAMSBURG ST. SARASOTA, FL 34231</b>
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2. Principal Place of Business - No P.O. Box # <b>2846 Williamsburg St.</b>	3. Mailing Address <b>2846 Williamsburg St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34231</b>	Zip <b>34231</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



02072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0467946</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HOLMES, JEFF 2846 WILLIAMSBURG ST. SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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's signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 <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
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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: Jeff Holmes Date 2-27-08 Daytime Phone # (941) 923-7226