

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148807

FILED
Apr 27, 2009
Secretary of State

Entity Name: MIKE DASILVA CARPENTRY, INC.

Current Principal Place of Business:

342 DECARLO DR.
DELTONA, FL 32725

New Principal Place of Business:

342 W. DECARLO DR.
DELTONA, FL 32725

Current Mailing Address:

342 DECARLO DR.
DELTONA, FL 32725

New Mailing Address:

342 W. DECARLO DR.
DELTONA, FL 32725

FEI Number: 20-0457371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASILVA, MICHAEL P
342 DECARLO DR.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

DASILVA, MICHAEL P
342 W. DECARLO DR.
DELTONA, FL 32725 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DASILVA, MICHAEL P
Address: 342 DECARLO DR.
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: DASILVA, RANDY T
Address: 888 HIGGINS DR.
City-St-Zip: DELTONA, FL 32738

Title: SEC () Delete
Name: DASILVA, RANDY T
Address: 888 HIGGINS DR.
City-St-Zip: DELTONA, FL 32738

Title: TRE () Delete
Name: DASILVA, MICHAEL P
Address: 342 DECARLO DR.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DASILVA, MICHAEL P
Address: 342 W. DECARLO DR.
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: DASILVA, MICHAEL P
Address: 342 W. DECARLO DR.
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. DASILVA

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date