

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90142 045 \*\*\*150.00

**DOCUMENT # P03000150895**

1. Entity Name  
**WESTON CARPENTRY, INC.**



Principal Place of Business

~~920 MARINA DR.~~  
~~WESTON, FL 33327~~  
**3140 W Hallandale Beach BL**  
**Hallandale FL 33009**

Mailing Address

~~920 MARINA DR.~~  
~~WESTON, FL 33327~~  
**PO Box 70195**  
**FT. Lauderdale FL 33302**

**40051056**



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1465127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMPTON DOUGLAS**

~~920 MARINA DR.~~  
~~WESTON, FL 33327~~  
**3140 W Hallandale Beach BL**  
**Hallandale FL 33009**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**3/27/07**

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	HAMPTON, DOUGLAS
STREET ADDRESS	<del>920 MARINA DR.</del> <b>3140 W Hallandale Beach BL</b>
CITY-ST-ZIP	<del>WESTON, FL 33327</del> <b>Hallandale FL 33009</b>
TITLE	TS
NAME	HAMPTON, JEANETTE
STREET ADDRESS	<del>920 MARINA DR.</del>
CITY-ST-ZIP	<del>WESTON, FL 33327</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/27/07 954-534-4058**