

1092

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000152518**  
 1. Entity Name  
**JAMES PITTMAN CARPENTRY, INC.**



**FILED**

**NOV -7 PM 5:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**9695 SUGARBERRY WAY  
 FORT MYERS, FL 33905**

Mailing Address  
**9695 SUGARBERRY WAY  
 FORT MYERS, FL 33905**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



**REINSTATEMENT**

4. FEI Number  
**20-0486130**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**  
~~PITTMAN, LOUISE~~  
**9695 SUGARBERRY WAY  
 FORT MYERS, FL 33905**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PITTMAN, JAMES M</b> <b>9695 SUGARBERRY WAY</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PITTMAN, JAMES M</b> <b>9695 SUGARBERRY WAY</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>PITTMAN, LOUISE F</b> <b>9695 SUGARBERRY WAY</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>PITTMAN, LOUISE F</b> <b>9695 SUGARBERRY WAY</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500061184215</b> <b>11/07/05--01010--018</b> <b>**150.00</b>
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"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: *James M Pittman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-27-05** 739-565-1944  
Daytime Phone

**James Pittman Carpentry Inc.**

9695 Sugarberry Way

Fort Myers, FL 33905

239-693-6127

Cell: 239-565-1944

home + FAX

11/2/2005 20f2

To Whom it MAY CONCERN  
AT THE DIVISION OF CORP.

RE: REQUEST FOR WAIVER - FEI H 2004 86130  
ENCLOSED IS A CHECK FOR \$150.00 PAYABLE TO  
FLORIDA DEPT. OF STATE.

I do NOT BELIEVE THAT I RECEIVED THE  
ORIGINAL BILLING FOR THE ANNUAL REGISTRATION  
FEE.

Thank you for your  
consideration

Jim Pittman