
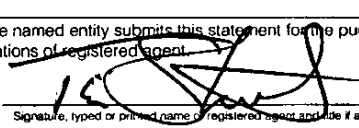



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90001 036 ***150.00

DOCUMENT # P03000153641 1. Entity Name TIM STRUNK CARPENTRY INC.																																															
Principal Place of Business 754 S.E. TRAMMELL TRACE STUART, FL 34997 US		Mailing Address 754 S.E. TRAMMELL TRACE STUART, FL 34997 US																																													
2. Principal Place of Business - No P.O. Box # 6554 SE SYLVAN PL Suite, Apt. #, etc.		3. Mailing Address 6554 SE SYLVAN PL Suite, Apt. #, etc.																																													
City & State Hobe Sound FL Zip 33455		City & State Hobe Sound FL Zip 33455																																													
Country USA		Country USA																																													
4. FEI Number 45-0530665		Applied For <input type="checkbox"/> Not Applicable																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																													
6. Name and Address of Current Registered Agent STRUNK, TIMOTHY W 754 S.E. TRAMMELL TRACE STUART, FL 34997		7. Name and Address of New Registered Agent Name Strunk, Timothy W Street Address (P.O. Box Number is Not Acceptable) 6554 SE SYLVAN PL City Hobe Sound FL Zip Code 33455																																													
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  DATE 9/3/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> P STRUNK, TIMOTHY W 754 S.E. TRAMMELL TRACE STUART, FL 34997 </td> </tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRUNK, TIMOTHY W 754 S.E. TRAMMELL TRACE STUART, FL 34997	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> P Strunk, Timothy W 6554 SE SYLVAN PLACE Hobe Sound FL 33455 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Strunk, Timothy W 6554 SE SYLVAN PLACE Hobe Sound FL 33455		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<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: 		Date 9/3/08 Daytime Phone # (772) 341-2892																																													