2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 8:00 am Secretary of State **DOCUMENT # P04000000112** 01-16-2007 90263 042 ***158.75 1. Entity Name RICK'S CARPENTRY INC. Principal Place of Business Mailing Address 14171 NW 77TH AVE J U U U U U U U 14171 NW 77TH AVE TRENTON, FL 32693 TRENTON, FL 32693 2. Principal Place of Business - No P.C. 4171 NW Suite, Apt, #, etc. Suite, Apt. #, etc 01112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-3141704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hemenway HEMENWAY, RICKY N 14131 N.W. 77TH AVE. Street Address (P.O. Box Number is Not Acceptable) TRENTON, FL 32693 7th Ave 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, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Change ☐ Addition HEMENWAY, RICKY N NAME NAME 14131 N.W. 77TH AVE. STREET ADDRESS STREET ANDRESS CITY-ST-ZIP TRENTON, FL 32693 CITY-ST-ZIP TITLE Delete TEST F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.

FILED