2008 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 04, 2008 8:00 am Secretary of State

☐ Change

☐ Change

☐ Addition

Addition

	ANI	NUAL R	EPORT					Secret	ary	of S	tate
1. Entity Nam	MENT # P040 ARPENTRY INC.	0000011	2	•				02-04-2008	•		
Principal Plac	e of Business		lailing Address				ANN	17198			
14171 NW 7 TRENTON, FI			14171 NW 77TH AVE TRENTON, FL 32693				400				
2. Principal P	lace of Business - No P.O.	Box # 3.	Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		·		01292008	Chg-P	CR2E	(12/06)	
City & Stat	e		City & State			-	4. FEI Numbe 75-3141				pplied For ot Applicable
Zip	Country		Zip	Coun	try			of Status Desired	N	\$8.75 Ad Fee Require	
	6. Name and Address	of Current Regis	stered Agent				7. Name and	Address of New F	Registered	l Agent	-
14131 N.W	AY, RICKY N J. 77TH AVE. I, FL 32693				Name Street Add	dress (P.O. Box Numbe	r is Not Acceptabl	e)		
8. The above the obligate SIGNATURE_	named entity submits this is ions of registered agent.		U-1938				ed agent, or both	n, in the State of Fi	Florida. I an	_	
FIL After Ma	E NOW!!! FEE IS \$1 ay 1, 2008 Fee will I	50.00	Election Campaig Trust Fund Contri	ın Finan		\$ 5.	00 May Be	,	DATE		
10.		CERS AND DIRE	CTORS	11.			ADDITIONS/0	CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D HEMENWAY, RICKY I 14131 N.W. 77TH AVE TRENTON, FL 32693		Delete							□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			_				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition

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.

TITLE

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NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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SIGNATURE: BULLY M HENERULE RICHARD OFFICER OF DIRECTOR DOG Dayling Proce #

ATTACHMENT 40017198

Insurance provided by the Company designated below

AMERICAN VEHICLE INSURANCE COMPANY **COMMERCIAL LIABILITY POLICY POLICY DECLARATIONS**

POLICY NUMBER: GL0511037198-1

Named	Insured	and	Mailing	Address
RICKS	CARPE	NTR	Y INC	

14131 NW 77TH AVENUE TRENTON, FL 32693

Producer Name and Address:

Amelia Underwriters 2384 Sadler Road

P.O. Box 16569

Fernandina Beach, FL 32034-3127

Producer Code: 5002

Insured is: X Corporation Partnership Sole Proprietor Association

Business of Insured: RESIDENTIAL CONSTRUCTION FRAMING

Policy Period: This policy is in force from 04/28/2007 to 04/28/2008 at 12:01 am Standard Time at your mailing address shown above.

These Declarations, together with the Common Policy Conditions, and the General Liability Coverage Part (which consists of coverage forms and endorsements, if any, issued to form a part of it) complete the policy.

LIMITS OF INSURANCE	Inforce Premium
General Aggregate Limit (Other that Products-Completed Operations)	\$ 200,000
Products-Completed Operations Aggregate Limit	\$ 200,000
Personal & Advertising Injury Liability Limit	\$ 100,000
Each Occurrence Limit	\$ 100,000
Fire Damage Limit (Any One Fire)	\$ 100,000
Medical Expense Limit (Any One Person)	\$ 5,000
Total Provisional Policy Premium	\$ 500.00
Florida Insurance Guaranty Association Fee	\$ 6.50
FHCF Assessment	\$ 5.00
Fees and Inspections Costs (if applicable)	\$
MGA Fee	\$ 25.00
Total Payable Now	\$ 536.50

The policy is subject to audit

Forms and endorsements attached to this policy at time if issue: AVIC 1071 (04 03),AVIC 1002 (04 03),AVIC 1003,CG 03 00 (01 96),AVIC 30s (04 03),AVIC 901 (04 03),CG 00 01 (01 96),CG 02 20 (03 98),CG 21 42 (01 96),CG 21 47 (07 98),CG 21 49 (01 96),CG 22 93 (07 98),FL 102 (06 03),IL 00 17 (11 98),IL 00 21 (04 98),IL 09 41 (01 02),IL 09 50 (11 02)

Countersigned by

Authorized Representative

Date: 04/09/2007

AVIC 1071 (04 03)

Insured's Copy

P0400000112

