

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000000657

1. Entity Name  
YANKEE CARPENTRY, INC.



FILED

05 NOV 30 PM 5: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11142005 Chg-P CR2E034 (10/03)

Principal Place of Business  
418 NEEDLES DRIVE  
ORMOND BEACH, FL 32174

Mailing Address  
418 NEEDLES DRIVE  
ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
58-2679576

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOOD, JR., CHARLES D  
444 SEABREEZE BLVD., SUITE 900  
DAYTON BEACH, FL 32118

7. Name and Address of New Registered Agent

Name  
Shane L. Kessler

Street Address (P.O. Box Number is Not Acceptable)

418 Needles Drive

City Ormond Beach

FL

Zip Code  
32174

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 *X Simpson*  
Signature typed or printed name of registered agent and title if applicable.

Shane L. Kessler  
(NOTE: Registered Agent signature required when reinstating)

11/20/05  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME KESSLER, SHANE L  
STREET ADDRESS 418 NEEDLES DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VP ☒ Delete  
NAME KESSLER, LARRY S  
STREET ADDRESS 2300 S. NOVA ROAD, #24  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800061793548  
STREET ADDRESS 11/30/05--01041--004  
CITY-ST-ZIP \*\*61.25

TITLE VP ☐ Change ☒ Addition  
NAME Daly, James K.  
STREET ADDRESS 418 Needles Drive  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☒ Addition  
NAME Katzenbach, Jason L  
STREET ADDRESS 418 Needles Drive  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *X Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shane L. Kessler, President

Date

Daytime Phone #

11/20/05  
(386) 503-8466