

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001914

Entity Name: STACY'S CARPENTRY, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

817 WESTWOOD DRIVE  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

901 CULIP AVE  
FORT WALTON BEACH, FL 32547

## Current Mailing Address:

817 WESTWOOD DRIVE  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

901 CULIP AVE  
FORT WALTON BEACH, FL 32547

FEI Number: 20-1260313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STACY, TIMOTHY J  
817 WESTWOOD DRIVE  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

HICKMAN, JAMES A  
220 GOVERNMENT STREET  
STE 1  
NICEVILLE, FL 32578 US

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.

SIGNATURE: JAMES A HICKMAN

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: STACY, TIMOTHY J  
Address: 817 WESTWOOD DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STACY, TIMOTHY J  
Address: 901 CULP AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SEC ( ) Change (X) Addition  
Name: STACY, DEBRA S  
Address: 901 CULP AVE  
City-St-Zip: FT WALTON BCH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J STACY

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date