

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000001954

1. Entity Name  
FRED'S CARPENTRY, INC.



Principal Place of Business  
144 SHELL RD.  
PORT ST. JOE, FL 32456

Mailing Address  
144 SHELL RD.  
PORT ST. JOE, FL 32456

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

04162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0497770

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, FREDERICK L  
144 SHELL RD.  
PORT ST. JOE, FL 32456

**DO NOT WRITE  
IN THIS SPACE**

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 *Frederick L White Pres.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME WHITE, FREDERICK L  
STREET ADDRESS 144 SHELL RD.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE SD  
NAME WHITE, ROBERT V  
STREET ADDRESS 144 SHELL RD.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000337323  
04/27/05-80162-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Frederick L White Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 850-227-6541  
Date Daytime Phone #