2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P04000001954 **Secretary of State** 1. Entity Name FRED'S CARPENTRY, INC. Principal Place of Business Mailing Address 144 SHELL RD. PORT ST. JOE FL 32456 144 SHELL RD. PORT ST. JOE FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0497770 Not Applica Zία Country Zισ Country \$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 Name WHITE, FREDERICK L 144 SHELL RD. Street Address (P.O. Box Number is Not Acceptable) PORT ST. JOE FL 32456 Zip Code 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 according to the state of Florida. the obligations of registered agent. SIGNATURE Signature, typen or primen name of registered agent and title it applicable (MOTE: Peg-stored Agent anniance areas bases reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RILE DP TITLE ☐ Addis. ☐ Detete ☐ Change NAME WHITE, FREDERICK L NAME U00000420458 02/15/06-60057-003 163.75 STREET ADDRESS STREET ADDRESS 144 SHELL RD. CITY-ST-ZIP PORT ST. JOE FL 32456 CXTY-ST-ZXP TITLE Delete TITLE Change Artific. NAME WHITE, ROBERT V NAME STREET ADDRESS 144 SHELL RD. STREET ADDRESS CITY-ST-ZIP PORT ST. JOE FL 32456 CTTY-ST-ZP MILE ☐ Defete Change ☐ Mattice MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY ST-709 TITLE Delete TOTE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE ☐ Defete TITLE Addition Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHTY-ST-ZH MLE ☐ Addidio HILE Delete ☐ Clænge NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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.

PREDENICK L. WHITE. DP

SIGNATURE:

Trealwest L. White. D.P.

1/24/06

FILED

850-227-6541