
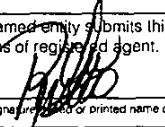



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 049 ***150.00

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DOCUMENT # P04000003329			
1. Entity Name R. J. C. CARPENTRY INC			
Principal Place of Business 8415 N ARMENIA AVE APT. 234 TAMPA, FL 33604 US		Mailing Address 8415 N ARMENIA AVE APT 234 TAMPA, FL 33604 US	
2. Principal Place of Business 8413 N. ARMENIA AVE		3. Mailing Address 8413 N. ARMENIA AVE	
Suite, Apt. #, etc. 928		Suite, Apt. #, etc. 928	
City & State TAMPA, FL		City & State TAMPA	
Zip 33604		Country USA	
6. Name and Address of Current Registered Agent JUAREZ-RUBEN 8415 N ARMENIA AVE APT 234 TAMPA, FL 33604		7. Name and Address of New Registered Agent Name JUAREZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) 8413 N. ARMENIA AVE. # 928 City TAMPA, FL Zip Code 33604	
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 		RUBEN JUAREZ PRES. 3/15/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS JUAREZ, RUBEN 8415 N ARMENIA AVE APT 234 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS JUAREZ, RUBEN 8413 N. ARMENIA AVE. #928 TAMPA, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		RUBEN JUAREZ, PVPS 3/15/05 393-8491	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	