


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 03, 2005 8:00 am
Secretary of State

05-02-2005 90981 050 ***150.00

DOCUMENT # P04000007143			
1. Entity Name EDWIN FULTZ CARPENTRY, INC.			
Principal Place of Business 1605 MAIN STREET, STE. 1001 SARASOTA, FL 34236		Mailing Address 1605 MAIN STREET, STE. 1001 SARASOTA, FL 34236	
Principal Place of Business P.O. Box 19107		Mailing Address P.O. Box 19107	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34276		Zip 34276	
Country SARASOTA		Country SARASOTA	
4. FE: NUMBER 371482084		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A. 1605 MAIN STREET, STE. 1001 SARASOTA, FL 34236		7. Name and Address of New Registered Agent NEW: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL 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 accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered office and date of registration (NOTE: Registered Agents require no signature when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		B. 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-STATE-ZIP	D FULTZ, EDWIN R 3428 HART WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(c), 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 as changed, or on an attachment with an address, with all other like unpowered.			
SIGNATURE: <u>Edwin R Fultz</u> EDWIN R FULTZ		4-28-05 941-650-8066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	

66021055



03302005 Chg-P CR2E034 (10/03)