


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000007143</b> 1. Entity Name <b>EDWIN FULTZ CARPENTRY, INC.</b>	
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Principal Place of Business P O BOX 19107 SARASOTA FL 34276	Mailing Address P O BOX 19107 SARASOTA FL 34276
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/07)

City & State Zip      Country	City & State Zip      Country
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4. FEI Number <b>37-1482084</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  FULTZ, EDWIN A 3366 WILKINSON RD SARASOTA FL 34236
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 *Edwin R. Fultz*      DATE 3-28-08

(NOTE: Registered Agent signature required when appointing)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE      P <input type="checkbox"/> Delete NAME      FULTZ, EDWIN R STREET ADDRESS      3366 WILKISON ROAD CITY-ST-ZIP      SARASOTA FL 34231	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	U00000875737 04/11/08-80045-011 150.00
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 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: *Edwin R. Fultz*      DATE: 3-28-08      941 650-8066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, 1st Phone #