## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 21, 2008 08:00 All Secretary of State DOCUMENT # P04000021914 1. Entity Name DON BITTEL CARPENTRY, INCORPORATED Principal Place of Business Mailing Address 3227 SW REILLEY AVE 3227 SW REILLEY AVE PALM CITY, FL 34990 PALM CITY, FL 34990 01132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3784571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BITTEL, DON DO NOT WRITE 3227 SW REILLEY AVE PALM CITY, FL 34990 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will-be \$550.00 U000000909732 /06/08-80082-012 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BITTEL, DON 3227 SW REILLEY AVE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS