

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90113 014 ***150.00
P04000023932

DOCUMENT # P04000023932

1. Entity Name
CLYDES CARPENTRY INC.



Principal Place of Business
5884 TUSCARARA TRAIL
MILTON, FL 32583

Mailing Address
5884 TUSCARARA TRAIL
MILTON, FL 32583

05 JUL 20 AM 11:45

SECRET STATE
TALLAHASSEE, FLORIDA
50054487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0808597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, CLYDE
5884 TUSCARARA TRAIL
MILTON, FL 32583

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
LINDSEY, CLYDE
5884 TUSCARARA TRAIL
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ 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:

Clyde Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

7/1/05 983-7254
Date Daytime Phone #