

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000025186

1. Entity Name

EWEN CARPENTRY, INC.

DO NOT WRITE IN THIS SPACE

 2. Principal Place of Business
903 BOUGAINVILLE RD. E.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

 City & State
LEHIGH ACRES, FL

City & State

4. FEI Number

20-0779107

Applied For

Not Applicable

 Zip
33936

Country

Zip

Country

5. Certificate of Status Desired


 \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MICHAEL D. EWEN

Street Address (P.O. Box Number is Not Acceptable)

903 BOUGAINVILLE RD. E

City

LEHIGH ACRES

FL

Zip Code

33936

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

*Michael Ewen**3/7/05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

 9. Election Campaign Financing
Trust Fund Contribution.

 \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 PD
EWEN, MICHAEL D.
903 BOUGAINVILLE RD. E
LEHIGH ACRES, FL 33936

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03/09/05-80031-022 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Ewen

MICHAEL D. EWEN, PRESIDENT

3/7/05

239-303-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #