

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.

**City & State**  
LEHIGH ACRES, FL

**City & State**

**Zip** 33936 **Country**

**Zip** **Country**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-0779107

**Applied For**  
 Not Applicable

**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 **DATE** 3/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD EWEN, MICHAEL D. 903 BOUGAINVILLE RD, E LEHIGH ACRES, FL 33936
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U00000256911 03/09/05-80031-022 150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**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 #**