


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P04000025186  
 1. Entity Name  
 EWEN'S CARPENTRY, INC.



Principal Place of Business  
 903 BOUGAINVILLE RD. E.  
 LEHIGH ACRES, FL 33936

Mailing Address  
 903 BOUGAINVILLE RD. E.  
 LEHIGH ACRES, FL 33936

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-0779107

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

6. Name and Address of Current Registered Agent  
 EWEN, MICHAEL  
 903 BOUGAINVILLE RD E  
 LEHIGH ACRES, FL 33936

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	EWEN, MICHAEL
STREET ADDRESS	903 BOUGAINVILLE RD E
CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
TITLE	DVPS
NAME	EWEN, JOAN M
STREET ADDRESS	903 BOUGAINVILLE RD E
CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 04/11/08-80032-023 150.00

**DO NOT WRITE IN THIS SPACE**

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, changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Ewen President 2-21-08 239-303-2257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number