


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90030 003 \*\*\*150.00

**DOCUMENT # P04000039366**  
 1. Entity Name  
**MJL QUALITY CARPENTRY, INC.**



Principal Place of Business      Mailing Address  
**64 OAKWOOD ROAD**      **64 OAKWOOD ROAD**  
**JACKSONVILLE BEACH FL 32250-2915**      **JACKSONVILLE BEACH FL 32250-2915**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-0815295**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**LANGLOIS, MARC J**  
**647 SELVA LAKES CIRCLE**  
**ATLANTIC BEACH FL 32233**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	LANGLOIS, MARC J	
STREET ADDRESS	3560 SOUTH THIRD STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGLOIS, KARA	
STREET ADDRESS	3560 SOUTH THIRD STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langlois, Marc J	
STREET ADDRESS	64 oakwood Rd	
CITY-ST-ZIP	JAX Bch, FL 32250	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langlois, Kara	
STREET ADDRESS	64 oakwood Rd	
CITY-ST-ZIP	JAX Bch, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **4-17-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

HONORABLE JIM OVERTON
DUVAL COUNTY PROPERTY APPRAISER
231 E FORSYTH ST RM 270
JACKSONVILLE, FL 32202-3373

44098048
#P04000039366

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of DUVAL



Business Name (DBA - Doing Business As) and
Mailing Address

TPP NO. 925614 8000 USD2 6788.00
SITE ADDR: 64 OAKWOOD RD
NBHD#: 2.00

MJL QUALITY CARPENTRY INC
64 OAKWOOD RD
JACKSONVILLE BEACH, FL 32250-2915

17270

Federal Employer Iden. No

Grid for Federal Employer Iden. No

NAICS/SIC

Grid for NAICS/SIC

If name and address is incorrect make necessary corrections

Form with questions 1-9a regarding business information and tax return details.

Table with 4 columns: Personal Property Summary, Taxpayer's Estimate of Fair Market Value, Original Installed Cost, Appraiser's Use only. Rows 10-24 list various property categories.

Declaration section: Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true.

Summary section: LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND ( ) TOTAL DISABILITY ( ) OTHER. Taxable value, Deputy, Penalty. Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.