## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 06, 2008 8:00 am Secretary of State DOCUMENT # P04000039366 1. Entity Name 05-06-2008 90030 003 \*\*\*150.00 MJL QUALITY CARPENTRY, INC. Mailing Address Principal Place of Business 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) Applied For City & State City & State 4. FEI Number 20-0815295 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGLOIS, MARC J : Street Address (P.O. Box Number is Not Acceptable) 647 SELVA LAKES CIRCLE ATLANTIC BEACH FL 32233 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, typed or printed harrolof registered opent and title 4 applicable. DATE (NOTE: Registized Agont signaturn required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 .... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Change ■ Addition anglois, NUNC J LANGLOIS, MARC J NAME w oakwood Rd STREET ADDRESS 3560 SOUTH THIRD STREET STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-ZIP Jax Bob. FL 32250 ☐ Delete ППЕ 🗶 Change Addition TITLE languis, Kara NAME LANGLOIS, KARA NAME 64 Jakwood Rd STREET ADDRESS 3560 SOUTH THIRD STREET STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-ZIP ☐ De⊧ete SITLE TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIPLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-St-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME N4ME STREET ADDRESS 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.

NATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davime Phone #

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

# 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: NBHD#:

64 OAKWOOD RD 2.00

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	Federal Employer Iden. No
17270	,

If name and address is incorrect make necessary corrections		NAICS/S	ıc	
This return subject to audit with all records kept by you.	5. Date you began business in this or	ounty: — Fisca	l vear:	
Incomplete entries are subject to penalties.	5a. Although my fiscal year ended price			
	additions and deletions through December 31. YesNo			
Please give name and telephone number of Owner or Person in charge of this Business.	Describe Type or Nature of Your B			
Name Telephone				
Corporate Name	7. Trade Level (Check as many as a	oply) "Retail I Wholesale I N	Manufacturing	
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not.P.O. Box)	x) Professional D Service D Agriculture D Leasing/Rental D Other D			
	8. Did you file a Tangible Personal Property Return in this county last Year? YesNo			
3. Is your business or farm located within the incorporated limits of a City? Yes No	If so, under what name and where	?		
What City?				
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No	9. Former owner of the Business:			
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or	9a. If Business sold, to whom?			
Other Current Tax Return.	Date Sold			
Personal Property Summary	Taxpayer's Estimate of	Original	Appraiser's	
THIS IS A <u>SUMMARY SCHEDULE ONLY</u> . The Schedules on the <u>REVERSE SIDE</u> must be completed in detail and <u>TOTALS</u> entered below. <u>ATTACH ITEMIZED LIST</u> or	Fair Market Value	Installed	Use only	
DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.		Cost		
10. Office Furniture & Office Machines & Library				
11. EDP Equipment, Computers, Word Processors				
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.				
13. Machinery and Manufacturing Equipment		A.		
14. Farm, Grove, and Dairy Equipment		J. P. T.		
15. Professional, Medical, Dental & Laboratory Equipment		. <u> </u>		
16. Hotel, Motel, & Apartment Complex				
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances				
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)				
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools				
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.				
20. Leasehold improvements must be grouped by type, year of installation and description				
21. Pollution Control Equipment				
22. Equipment owned by you but rented, leased or held by others				
23. Supplies - Not Held for Resale				
24. Other - Please Specify	<u>.</u>			
TOTAL PERSONAL PROPERTY				
Under penalties of perjury, I deciare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If	LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND ( ) TOTAL DISABILITY ( ) OTHER			
prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.	Taxable value			
·	Deputy			
DATE	Please sign and date your return, send the original to the county			
SIGNED(TAXPAYER)	appraiser's office by Apr	il 1, unsigned returns ca	nnot be accepted	
SIGNED	by the appraiser's office.		<u> </u>	
(PREPARER)	Notice If you are antition	l to o midomio midomosis	or disability	
	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.			