



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041976				
1. Entity Name ART WILMOT CARPENTRY INC.				
Principal Place of Business 397 PRINCE CHARLES CT. PORT ORANGE, FL 32129-4042		Mailing Address 397 PRINCE CHARLES CT. PORT ORANGE, FL 32129-4042		
DO NOT WRITE IN THIS SPACE				
		 04042005 No Chg-P CR2E034 (11/05)		
		4. FEI Number <table border="1"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>	Applied For	Not Applicable
Applied For				
Not Applicable				
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILMOT, ARTHUR E 397 PRINCE CHARLES CT. PORT ORANGE, FL 32129-4042		DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV WILMOT, ARTHUR E 397 PRINCE CHARLES CT. PORT ORANGE, FL 321294042			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILMOT, JODI B 784 LITTLE PINE DR. SOUTH DAYTONA, FL 32119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Arthur E. Wilmot</u> ARTHUR E. WILMOT		<u>4/7/06</u> 386-566-0902		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		