

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000042058

1. Entity Name
BILL LICAUSI CARPENTRY, INC.



Principal Place of Business
**8778 SE SHARON STREET
HOBE SOUND, FL 33455 US**

Mailing Address
**P.O. BOX 1259
HOBE SOUND, FL 33475 US**



02112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0917994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LICAUSI, WILLIAM III
P.O. BOX 1259
HOBE SOUND, FL 33475**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000444224
03/06/06-80042-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LICAUSI, WILLIAM III
STREET ADDRESS	P.O. BOX 1259
CITY-ST-ZIP	HOBE SOUND, FL 33475
TITLE	VP
NAME	LICAUSI, JAMIE LEA
STREET ADDRESS	P O BOX 1259
CITY-ST-ZIP	HOBE SOUND, FL 334751259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

(772) 545-2165

Date

Daytime Phone #