

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042058

Entity Name: BILL LICAUSI CARPENTRY, INC.

FILED  
Feb 19, 2008  
Secretary of State

## Current Principal Place of Business:

8778 SE SHARON STREET  
HOBE SOUND, FL 33455 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1259  
HOBE SOUND, FL 33475 US

## New Mailing Address:

FEI Number: 20-0917994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICAUSI, WILLIAM III  
8778 SE SHARON ST  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LICAUSI, WILLIAM III  
Address: P.O. BOX 1259  
City-St-Zip: HOBE SOUND, FL 33475 US

Title: VP ( ) Delete  
Name: LICAUSI, JAMIE LEA  
Address: P O BOX 1259  
City-St-Zip: HOBE SOUND, FL 334751259 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LICAUSI III

P

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date