

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042079

FILED
Jul 25, 2007
Secretary of State

Entity Name: A BC ART & CARPENTRY CORPORATION

Current Principal Place of Business:

411 FRUIT COVE RD.
FRUIT COVE, FL 32259

New Principal Place of Business:

Current Mailing Address:

411 FRUIT COVE RD.
FRUIT COVE, FL 32259

New Mailing Address:

FEI Number: 55-0860524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAD SHULTZ, CPA
1309 ST. JOHNS BLUFF RD, N.
SUITE 104
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA, FL 32725 US

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: JAMISON MARK JESSUP SR

07/25/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BEAUPRE, BRIAN C
Address: 411 FRUIT COVE RD.
City-St-Zip: FRUIT COVE, FL 32259

Title: P () Delete
Name: BEAUPRE, BRIAN C
Address: 411 FRUIT COVE RD.
City-St-Zip: FRUIT COVE, FL 32259

Title: VD () Delete
Name: BEAUPRE, DAVID L
Address: 411 FRUIT COVE RD.
City-St-Zip: FRUIT COVE, FL 32259

Title: ST () Delete
Name: BEAUPRE, GLENN L
Address: 411 FRUIT COVE RD.
City-St-Zip: FRUIT COVE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN BEAUPRE

PRES

07/25/2007

Electronic Signature of Signing Officer or Director

Date