## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000049778

Entity Name: HS CARPENTRY INC

Address:

City-St-Zip:

301 DAVIS RD

LEHIGH ACRES, FL 33936

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 301 DAVIS RD LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** 301 DAVIS RD PO BOX 87 LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33970 FEI Number: 52-2440649 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLUE-SUHS, BEVERLY S 301 DAVIS RD LEHIGH ACRES, FL 33936 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SUHS, HEINRICH W Name: Name: 301 DAVIS RD Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: BLUE-SUHS, BEVERLY Name: BLUE-SUHS, BEVERLY 301 DAVIS RD. 301 DAVIS RD. Address: Address: LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition VALDEZ, FLAVIO Name: Name: 205 DAVIS RD. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: (X) Delete Title: () Change () Addition VALDEZ, LORENZO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: BEVERLY BLUE-SUHS VP 01/11/2006