APPROVED AND FILED
06-17-2005 90004 009 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000050984

1. Entity Name
GAMMA CARPENTRY INC

Principal Place of Business	Mailing Address
531 GASPAR AVENUE DELTONA, FL 32725	531 GASPAR AVENUE DELTONA, FL 32725

05162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
531 GASPAR AVENUE		531 GASPAR AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DELTONA FLORIDA		City & State: DELTONA FLORIDA	
Zip: 32725	Country: DELTONA	Zip: 32725	Country: DELTONA

4. FEI Number: 68-0582078 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, LUIS F SR
531 GASPAR AVENUE
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYA, HECTOR		NAME	
STREET ADDRESS	851 BRIGHT MEDOW DR		STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, LUIS		NAME	
STREET ADDRESS	531 GASPAR AV		STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 06-10-05 3212828397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #