

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90310 025 \*\*\*150.00

<b>DOCUMENT # P04000068679</b> 1. Entity Name <b>BRIAN S ALBINO CARPENTRY SERVICES INC</b>																											
Principal Place of Business <b>2120 OYSTER CREEK DR ENGLEWOOD FL 34224</b>		Mailing Address <b>2120 OYSTER CREEK DR ENGLEWOOD FL 34224</b>																									
2. Principal Place of Business <b>3560 LAUREL RD EAST</b> Suite, Apt. #, etc.		3. Mailing Address <b>3560 LAUREL RD EAST</b> Suite, Apt. #, etc.																									
City & State <b>NORTH VENICE FL</b> Zip      Country <b>34275      SARASOTA</b>		City & State <b>NORTH VENICE FL</b> Zip      Country <b>34275      SARASOTA</b>																									
4. FEI Number <b>20-1070232</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MACLEOD, RANDY C 1861 PLACIDA RD STE 201 ENGLEWOOD FL 34223</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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. <b>(MISTAKE NOT CHANGING)</b> SIGNATURE <u><b>Brian S Albino</b></u> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALBINO, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2120 OYSTER CREEK DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ENGLEWOOD FL 34224</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	ALBINO, BRIAN		STREET ADDRESS	2120 OYSTER CREEK DR		CITY- ST- ZIP	ENGLEWOOD FL 34224		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u><b>Brian S Albino</b></u> <b>4/18/05</b> <b>(941)661-6768</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											