

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000068679

1. Entity Name

BRIAN S ALBINO CARPENTRY SERVICES INC



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

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



1st MOORE CR2E034 (10/04)

Principal Place of Business 2120 OYSTER CREEK DR ENGLEWOOD FL 34224		Mailing Address 2120 OYSTER CREEK DR ENGLEWOOD FL 34224	
2. Principal Place of Business 3560 LAUREL RD EAST		3. Mailing Address 3560 LAUREL RD EAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH VENICE FL		City & State NORTH VENICE FL	
Zip 34275	Country SARASOTA	Zip 34275	Country SARASOTA
6. Name and Address of Current Registered Agent  MACLEOD, RANDY C 1861 PLACIDA RD STE 201 ENGLEWOOD, FL 34223			
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 BRIAN S ALBINO

(NOTE: Registered Agent signature required when translating)

DATE 4/18/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005, Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

8. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBINO, BRIAN 2120 OYSTER CREEK DR ENGLEWOOD FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian S Albino BRIAN S ALBINO 4/18/05 (941)661-6765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #