


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 049 ***150.00

DOCUMENT # P04000070073 1. Entity Name JDR CARPENTRY INC					
Principal Place of Business 205 NW 39 ST OAKLAND PARK, FL 33309			Mailing Address 205 NW 39 ST OAKLAND PARK, FL 33309		
2. Principal Place of Business 205 NW 39 ST		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oakland Park FL		City & State		4. FEI Number 20-1076219	
Zip 33309		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSE, RETANA 205 NW 39 ST OAKLAND PARK, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>X Jose Retana</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/24/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RETANA, JOSE 205 NW 39 ST OAKLAND PARK, FL 33309		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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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><i>X Jose Retana</i></u> <div style="display: flex; justify-content: space-between;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					