

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90118 048 \*\*\*150.00

<b>DOCUMENT # P04000070796</b>					
<b>1. Entity Name</b> GENTILE CARPENTRY, INC.					
<b>Principal Place of Business</b> 13512 BELLINGHAM DRIVE TAMPA, FL 33625			<b>Mailing Address</b> 13512 BELLINGHAM DRIVE TAMPA, FL 33625		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		02192005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b>	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GENTILE, RICHARD 13512 BELLINGHAM DRIVE TAMPA, FL 33625			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENTILE, RICHARD 13512 BELLINGHAM DRIVE TAMPA, FL 33625 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Richard Gentile</u> <b>RICHARD GENTILE</b>			4-6-05 813 766-4096		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		