

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90113 004 \*\*\*150.00

DOCUMENT # P04000071630

1. Entity Name

MICHAEL CARPENTER ENTERPRISES, INC.



Principal Place of Business

400-A S WILLOW AVE  
PORT ORANGE, FL 32127

Mailing Address

400-A S WILLOW AVE  
PORT ORANGE, FL 32127

2. Principal Place of Business

1200 FLORAL SPRING BLVD.

3. Mailing Address

1200 FLORAL SPRING BLVD.

Suite, Apt. #, etc.

# 2102

Suite, Apt. #, etc.

# 2102

City & State

PORT ORANGE, FL

City & State

PORT ORANGE FL

Zip

32129

Country

U.S.

Zip

32129

Country

04272005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0986587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, MICHAEL  
400-A S WILLOW AVE  
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name CARPENTER, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)  
1200 FLORAL SPRING BLVD

# 2102

City PORT ORANGE

FL

Zip Code 32129

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CARPENTER, MICHAEL  
STREET ADDRESS 400-A S WILLOW AVE  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME CARPENTER, MICHAEL  
STREET ADDRESS 1200 FLORAL SPRING BLVD. # 2102  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL W CARPENTER 4/27/05 386-299-7753