2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072683

FILED May 03, 2006 Secretary of State

Entity Name: SAMUEL J. MANDARELLI CARPENTRY CONTRACTOR INC.

Current Principal Place of Business: New Principal Place of Business: 18643 GRACIE LEE ST SPRING HILL, FL 34610 **Current Mailing Address: New Mailing Address:** P.O. BOX 7273 HUDSON, FL 34674 FEI Number: 20-1082212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABRECK, TERRY L 18643 GRACIE LEE ST US SPRING HILL, FL 34610 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MANDARELLI, SAMUEL J III Name: Name: 18643 GRACIE LEE ST Address: Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition Name: HENDERSON, JOHN D Name: GOUDY, MARK A 7713 MUDDYWATER TR 6523 SANDRA DR Address: Address: THONOTOSASSA, FL 33592 PORT RICHEY, FL 34668 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: VΡ PARKER, DAMON V PARKER, DAMON V Name: Name: 4240 NEWBERRY DR. 4240 NEWBERRY DR. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34662 City-St-Zip: NEW PORT RICHEY, FL 34662

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. MANDARELLI P 05/03/2006