2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084386

1. Entity Name

J.C. CARPENTER & COMPANY, INC.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Malling Address

11646 RIVERCHASE RUN WEST PALM BEACH, FL 33412 11646 RIVERCHASE RUN WEST PALM BEACH, FL 33412

DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1273111

Applied For Not Applicable

5. Certificate of Status Desired

XI.

\$8.75 Additional Fee Required

ER, JAMES C

8. Name and Address of Current Registered Agent

CARPENTER, JAMES C 11646 RIVERCHASE RUN WEST PALM BEACH, FL 33412

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar wit	h, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title II applicable (NOTE. Registered Agent signature required when reinstating)					DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	.00 Trust Fund Contribution. ☐ Added to Fees 02/21/		000000632842 02/21/07-80037-019 15	8.75		
10.	OFFICERS AND DIREC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D CARPENTER, JAMES C 11646 RIVERCHASE RUN WEST PALM BEACH, FL 33412						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS				IN	IN THIS SPACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Tomes (autonte JAMES C. CARPENTE NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FEBRUARY 7,2007 561-776-8142

Daytime Phone #