

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90003 043 \*\*\*150.00

**50063571**



08222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000088989</b> 1. Entity Name <b>CONQWEST CARPENTRY INC.</b>					
Principal Place of Business <b>280 SUGARLOAF DR. SUGARLOAF KEY, FL 33042</b>			Mailing Address <b>280 SUGARLOAF DR. SUGARLOAF KEY, FL 33042</b>		
2. Principal Place of Business <b>17243 SNAPPER LAKE</b> Suite, Apt. #, etc.		3. Mailing Address <b>17243 SNAPPER LAKE</b> Suite, Apt. #, etc.			
City & State <b>SUGARLOAF KEY, FL</b> Zip <b>33042</b>		City & State <b>SUGARLOAF KEY, FL</b> Zip <b>33042</b>		4. FEI Number <b>20-1241819</b>	
Country <b>MOORIE</b>		Country <b>MOORIE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAWF, ROLAND A 280 SUGARLOAF DR. SUGARLOAF KEY, FL 33042</b>			7. Name and Address of New Registered Agent Name <b>GAWF, ROLAND A</b> Street Address (P.O. Box Number is Not Acceptable) <b>17243 SNAPPER LAKE</b> City <b>SUGARLOAF KEY</b> <b>FL</b> Zip Code <b>33042</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. SIGNATURE <b>X</b> <b>R.A. GAWF</b> <span style="float: right;">8-23-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>GAWF, ROLAND A 280 SUGARLOAF DR. SUGARLOAF KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GAWF, ROLAND A 17243 SNAPPER LAKE SUGARLOAF KEY, FL 33042</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>X</b> <b>R.A. GAWF</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>305-797-1537</b> <small>Daytime Phone #</small>		