

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90030 013 ***150.00

DOCUMENT # P04000099869

1. Entity Name

DEVINE CARPENTRY CO.



Principal Place of Business

206 SINCLAIR ST
TALLAHASSEE FL 32312

Mailing Address

206 SINCLAIR ST
TALLAHASSEE FL 32312

2. Principal Place of Business

904 Kensington Dr.
Suite, Apt. #, etc.
Cocoa, FL
City & State

3. Mailing Address

Suite, Apt. #, etc.
904 Kensington Dr.
Cocoa, FL
City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

113 721 828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAUN, FRED W
206 SINCLAIR ST
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name FRED W BRAUN

Street Address (P.O. Box Number is Not Acceptable)

904 Kensington Dr.
City Cocoa

FL

Zip Code

32922

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

Fred W Braun
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BRAUN, FRED W
STREET ADDRESS 206 SINCLAIR ST
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE V ☒ Delete
NAME BRAUN, JOSHUA F
STREET ADDRESS 206 SINCLAIR ST
CITY-ST-ZIP TALLAHASSEE FL 32312

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Fred W Braun

Fred W Braun

2-13-05

321-631-9147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #