

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 012 ***150.00

DOCUMENT # P04000103455 1. Entity Name REAL CARPENTRY & CONSTRUCTION, INC.					
Principal Place of Business 2355 CAPTAIN DRIVE DELTONA, FL 32738 US			Mailing Address 2355 CAPTAIN DRIVE DELTONA, FL 32738 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2005438	
5. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOK, RICHARD R 2253 RIVER RIDGE RD. DELAND, FL 32720			7. Name and Address of New Registered Agent Name John A. Powers Street Address (P.O. Box Number is Not Acceptable) c/o Dreggery Rigsky - Teal PA 1006 N. Woodland Blvd Ste A City DeLand FL Zip Code 32720		
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 _____ (NOTE: Registered Agent signature required when terminating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D STONE, JEREMY 2355 CAPTAIN DRIVE DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND PRINTED NAME OF EXISTING OFFICER OR DIRECTOR			Date 5-23-05 532-7244 Daytime Phone #		

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