

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000110639					
1. Entity Name CJ CUSTOM CARPENTRY INC.					
Principal Place of Business 222 SW CROSS POINTE CT. LAKE CITY, FL 32024			Mailing Address 222 SW CROSS POINTE CT. LAKE CITY, FL 32024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1639944	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, CURTIS K 559 SW LEGION DR. LAKE CITY, FL 32024			Name Street Address (P.O. Box Number is Not Acceptable) 222 S.W. CROSS POINTE CT. City LAKE CITY FL Zip Code 32024		
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 reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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 JONES, CURTIS K 559 SW LEGION DR LAKE CITY, FL 32024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 SW CROSS POINTE CT LAKE CITY, FL 32024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, LYNETTE 559 SW LEGION DR. LAKE CITY, FL 32024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 SW CROSS POINTE CT. LAKE CITY, FL 32024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANET I JONES 90 ALORICH RD PORTSMOUTH, NH 03801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANET I JONES 90 ALORICH RD PORTSMOUTH, NH 03801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 lines empowered.					
SIGNATURE: CURTIS JONES 3/12/06 239-571-0699					