FILED
May 31, 2005 8:00 am
Secretary of State
04-25-2005 90238 042 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000111722

1. Entity Name
AMC CARPENTRY CONTRACTORS, INC.

Principal Place of Business	Mailing Address
4811 REAGAN AVENUE SEFFNER, FL 33584 US	4811 REAGAN AVENUE SEFFNER, FL 33584 US

66020184

2. Principal Place of Business		3. Mailing Address	
514 182nd AVE E		514 182nd AVE E	
Suite, Apt. #, etc. Redington Shores Fl		Suite, Apt. #, etc. Redington Shores Fl	
City & State		City & State	
Zip 33708	Country U.S.A	Zip 33708	Country USA

04142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1430721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, MICKEY
4811 REAGAN AVENUE
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEST, MICKEY		NAME	
STREET ADDRESS	4811 REAGAN AVENUE		STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STREETER, ART		NAME	
STREET ADDRESS	4811 REAGAN AVENUE		STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] Mickey West 4/19/05 813 478-9687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #