


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90402 015 \*\*\*150.00

<b>DOCUMENT # P04000111786</b>	
1. Entity Name <b>LENNOX CARPENTRY, INC.</b>	

Principal Place of Business <b>2221 LUCERNE PARK ROAD APT. # 9 WINTER HAVEN, FL 33881 US</b>	Mailing Address <b>2221 LUCERNE PARK ROAD APT. # 9 WINTER HAVEN, FL 33881 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 4391</b>  Suite, Apt. #, etc.
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City & State  <b>WINTER HAVEN</b>	City & State <b>WINTER HAVEN</b>
Zip <b>FL</b>	Country

4. FEI Number <b>20-1560418</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent Name <b>WILCON SPENCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2221 LUCERNE PARK ROAD, Apt. # 9</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33881</b>	
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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 <u>Wilcon Spence</u> <u>Wilson</u> <u>Spence</u> <u>4/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPENCE, WILCON P.O. BOX 4391 WINTER HAVEN, FL 33885</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: <u>Wilcon Spence</u> <u>Wilson</u> <u>Spence</u> <u>4/19/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/19/05</u> Daytime Phone #