


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 047 ***150.00

DOCUMENT # P04000111786 1. Entity Name LENNOX CARPENTRY, INC.					
Principal Place of Business 2221 LUCERNE PARK ROAD APT. # 9 WINTER HAVEN, FL 33881 US			Mailing Address P.O. BOX 4391 WINTER HAVEN, FL US		
2. Principal Place of Business - No P.O. Box # 3025 Woodstock Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State		4. FEI Number 20-1560418	
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCE, WILCON 2221 LUCERNE PARK ROAD, APT 9 WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3025 Woodstock Ave City Lakeland FL Zip Code 33803	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	D SPENCE, WILCON P.O. BOX 4391 WINTER HAVEN, FL 33885 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 like empowered.					
SIGNATURE: <u>Wilcon Spence</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/13/07</u> Daytime Phone # _____		

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