FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 048 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113359

1. Entity Name
JIM SCHWANDT'S CARPENTRY SERVICE, INC.

400038977

Principal Place of Business	Mailing Address
1716 HICKS ROAD LORIDA, FL 33857	1716 HICKS ROAD LORIDA, FL 33857

02092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1716 Hicks Rd.	Same
Suite, Apt. #, etc. Lorida. Fl	Suite, Apt. #, etc.
City & State	City & State
Zip 33857 Country Highlands	Zip Country

4. FEI Number 20-1607745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
172 E. INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name: Nielander, William J
Street Address (P.O. Box Number is Not Acceptable): 172 E. Interlake Blvd.
City: Lake Placid Fla. FL Zip Code: 33852

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: Jane E Schwandt 3/2/05 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

(FILE NOW!!! FEE IS $150.00)
After May 1, 2006 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHWANDY, JIM	NAME	
STREET ADDRESS	1716 HICKS RD	STREET ADDRESS	
CITY-ST-ZIP	LORIDA, FL 33857	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
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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 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: Jane E Schwandt 2-14-06 863 6551495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400389 77

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

JIM SCHWANDT"S CARPENTRY SERVICE, INC.
1716 HICKS ROAD
LORIDA, FL 33857

Subject: **JIM SCHWANDT'S CARPENTRY SERVICE, INC.**

Reference Number: **P04000113359**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is $150.00. If a certificate of status is desired, please add an additional $8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION