

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90032 021 \*\*\*158.75

**60007356**



01232006 Chg-P CR2E034 (11/05)

4. FEI Number **20-1564257** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DOCUMENT # P04000119520**  
1. Entity Name  
**TEAMWORK CARPENTRY, INC.**



Principal Place of Business  
**2716 ORANGEHURST ST.  
APOPKA, FL 32703**

Mailing Address  
**2716 ORANGEHURST ST.  
APOPKA, FL 32703**

2. Principal Place of Business  
**1428 E. SEMORAN BLVD.  
SUITE 102  
APOPKA, FL 32703**

3. Mailing Address  
**1428 E. SEMORAN BLVD.  
SUITE 102  
APOPKA, FL 32703**

City & State  
**APOPKA, FL**

City & State  
**APOPKA, FL**

Zip  
**32703**

Country

8. Name and Address of Current Registered Agent  
**BELL, RANDAL F  
2716 ORANGEHURST ST.  
APOPKA, FL 32703**

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 *Randal F. Bell* **RANDAL F. BELL** 1-23-06  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELL, RANDAL F 2716 ORANGEHURST ST. APOPKA, FL 32703</b> <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: *Randal F. Bell* **RANDAL F. BELL** 1-23-06 407-886-9992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #