

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121475

1. Entity Name  
NINOS CARPENTRY SERVICE, CORP.



**FILED**  
**Feb 05, 2008 8:00 A.**  
**Secretary of State**

Principal Place of Business  
5036 PAT THOMAS PARKWAY  
QUINCY, FL 32351

Mailing Address  
5036 PAT THOMAS PARKWAY  
QUINCY, FL 32351

2. Principal Place of Business, - No P.O. Box #  
306 Willis Road  
Suite, Apt. #, etc.  
Tallahassee FL  
City & State  
32303 Leon  
Zip Country

3. Mailing Address  
306 Willis Road  
Suite, Apt. #, etc.  
Tallahassee FL  
City & State  
32303 Leon  
Zip Country



02052008 Chg-P CR2E034 (12/06)

4. FEI Number  
APPLIED FOR 06/650729

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CEBALLOS, SATURNINO  
5036 PAT THOMAS PARKWAY  
QUINCY, FL 32351

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, 2008 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	P CEBALLOS, SATURNINO 5036 PAT THOMAS PARKWAY QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600118418676 02/20/08--01009--013 **150.00
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/08  
Date Daytime Phone # \_\_\_\_\_