


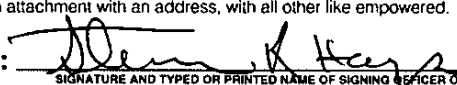


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 037 ***558.75

DOCUMENT # P04000122305 1. Entity Name HAYNES CARPENTRY INC.					
Principal Place of Business 8133 HEWITT STREET JACKSONVILLE, FL 32244			Mailing Address 8133 HEWITT STREET JACKSONVILLE, FL 32244		
2. Principal Place of Business 8133 Hewitt St Suite, Apt. #, etc.		3. Mailing Address 8133 Hewitt St Suite, Apt. #, etc.		50062264 	
City & State Jacksonville Fla		City & State Jacksonville Fla		4. FEI Number 34-2020783	
Zip 32244		Country Quval		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, STEVEN R 8133 HEWITT STREET JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Haynes Steven R Street Address (P.O. Box Number is Not Acceptable) 8133 Hewitt St City Jacksonville FL Zip Code 32244	
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 				DATE 8/15/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 HAYNES, STEVEN 8133 HEWITT STREET JACKSONVILLE, FL 32244 <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: 				DATE 8/15/05	