APR-18-2006 06:07 AM DND CARPENTRY

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90295 036 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000143435

1. Entity Name
DND CARPENTRY, INC.

Principal Place of Business	Mailing Address
1491 15TH ST SW NAPLES, FL 34117	1491 15TH ST SW NAPLES, FL 34117

2. Principal Place of Business — 3. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1796189 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~FELDEN, CHRISTIAN B~~
~~3936 TAMIAMI TRAIL NORTH STE 416~~
~~NAPLES, FL 34103~~

7. Name and Address of New Registered Agent

Name: LAURA OLSZEWSKI
Street Address (P.O. Box Number is Not Acceptable): 5401 TAYLOR RD, #3
City: NAPLES, FL FL Zip Code: 34109

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] 4/18/06
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, DENISE L 1491 15TH ST SW NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, WILEY D 1491 15TH ST SW NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Denise Piper, President 4/22/06 239-354-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #