


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90009 022 \*\*\*150.00

**DOCUMENT # P04000147092**  
 1. Entity Name  
**B & D CARPENTRY, INC.**



Principal Place of Business      Mailing Address  
**1114 NORTHSIDE DRIVE**      **2 ZEPP0 COURT**  
**ORMOND BEACH FL 32174**      **PALM COAST FL 32164**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-1798186**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WILEY, DANE**  
**2 ZEPP0 COURT**  
**PALM COAST FL 32164**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	WILEY, DANE	
STREET ADDRESS	2 ZEPP0 COURT	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JESTER, BRENDA	
STREET ADDRESS	2 ZEPP0 COURT	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dane Wiley      **Dane Wiley**      2-12-08      386 986 9187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #