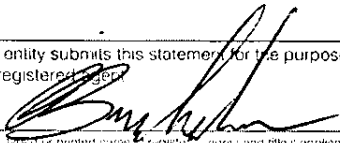
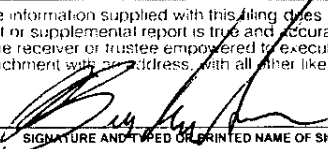


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 037 ***150.00

DOCUMENT # P05000017498			
1. Entity Name BRIAN ERDMAN CARPENTRY INC.			
Principal Place of Business 300 BAYOU BLVD. 304 PENSACOLA, FL 32503		Mailing Address 300 BAYOU BLVD. 304 PENSACOLA, FL 32503	
2. Principal Place of Business No P.O. Box # 1605 East Gonzales St.		3. Mailing Address 1605 East Gonzales St.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32501	Country USA	Zip 32501	Country USA
6. Name and Address of Current Registered Agent ERDMAN, BRIAN D 300 BAYOU BLVD 304 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1605 East Gonzales Street City Pensacola FL Zip Code 32501	
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 with this filing) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERDMAN, BRIAN D 300 BAYOU BLVD #304 PENSACOLA, FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1605 East Gonzales Street Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Date: _____			

40118511



05162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2336398 Applied For
Not Applicable

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