

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90178 019 ***150.00

DOCUMENT # P05000045740



1. Entity Name
TILLY'S CARPENTRY INC.

Principal Place of Business
**1105 LORRAINE COURT
CAPE CORAL, FL 33904 US**

Mailing Address
**1105 LORRAINE COURT
CAPE CORAL, FL 33904 US**

2. Principal Place of Business
579-B 91ST AVE N.
Suite, Apt. #, etc.

3. Mailing Address
P.O. 366579
Suite, Apt. #, etc.



04262006 Chg-P CR2E034 (11/05)

City & State
NAPLES FL
Zip
34108 Country
USA

City & State
BONITA SPRING FL
Zip
34136 Country

4. FEI Number
20-2570585
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUSKAS, ATTILA
1105 LORRAINE COURT
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name
ATTILA PUSKAS
Street Address (P.O. Box Number is Not Acceptable)
579-B 91ST AVEN.
City
NAPLES FL Zip Code
34108

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

04-26-06

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTD
PUSKAS, ATTILA
579-B 91ST AVE. N.
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCNEILL, SCOTT T
2735 COLONIAL BLVD. #205
FT. MYERS, FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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

Daytime Phone #

04-26-06 239 9921973