

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 035 ***150.00

DOCUMENT # P05000045740			
1. Entity Name TILLY'S CARPENTRY INC.			
Principal Place of Business 579-B 91ST AVE NORTH NAPLES, FL 34108 US		Mailing Address PO BOX 366579 BONITA SPRINGS, FL 34136 US	
2. Principal Place of Business - No P.O. Box # 2607 NE 19th PLACE		3. Mailing Address 2607 NE 19th PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL		City & State Cape Coral FL	
Zip 33909		Zip 33909	
Country US		Country US	
4. FEI Number 20-2570585		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUSKAS, ATTILA 579-B 91ST AVE NORTH NAPLES, FL 34108		7. Name and Address of New Registered Agent Name: PUSKAS, ATTILA Street Address (P.O. Box Number is Not Acceptable): 2607 NE 19th PLACE City: CAPE CORAL FL Zip Code: 33909	
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: 05-07-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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: PVTD NAME: PUSKAS, ATTILA STREET ADDRESS: 579-B 91ST AVE. N. CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: PVTD NAME: PUSKAS, ATTILA STREET ADDRESS: 2706 NE 19th PLACE CITY-ST-ZIP: CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MCNEILL, SCOTT T STREET ADDRESS: 2735 COLONIAL BLVD. #205 CITY-ST-ZIP: FT. MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE: S NAME: MCNEIL, SCOTT T. STREET ADDRESS: 5313 LEEDS RD. CITY-ST-ZIP: FT. MYERS, FL 33907	<input checked="" 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
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
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 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:		Date: 05-07-07 Daytime Phone #: 239 986 1022	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			