

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90008 050 \*\*\*158.75

**DOCUMENT # P05000054424**

1. Entity Name  
**B.J. CARPENTRY, INC.**



Principal Place of Business  
**11398 TANGERINE DR.  
BONITA SPRINGS, FL 34135**

Mailing Address  
**11398 TANGERINE DR.  
BONITA SPRINGS, FL 34135**

2. Principal Place of Business - No P.O. Box #

**11690 FOREST WERE DR**

3. Mailing Address

**11690 FOREST WERE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09042007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-2669028**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

City & State  
**BONITA SPRINGS, FL**

City & State  
**BONITA SPRINGS, FL**

Zip  
**34135**

Country

Zip  
**34135**

Country

## 6. Name and Address of Current Registered Agent

**PEREZ, VALENTE B  
11398 TANGERINE DR.  
BONITA SPRINGS, FL 34135**

## 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

*VALENTE B. PEREZ*

(NOTE: Registered Agent signature required when reinstating)

**09/04/2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
PEREZ, VALENTE B  
11398 TANGERINE DR.  
BONITA SPRINGS, FL 34135**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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## 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

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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

**09/04/2007 (239)287-5342**

Date

Daytime Phone #