

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 047 ***150.00

DOCUMENT # P05000066784

1. Entity Name

W.C. CARPENTRY, INC.



Principal Place of Business

4826 PALMER AVENUE
JACKSONVILLE FL 32210

Mailing Address

4826 PALMER AVENUE
JACKSONVILLE FL 32210



2. Principal Place of Business

4826 PALMER AVE

Suite, Apt. #, etc.

3. Mailing Address

4826 PALMER AVE

Suite, Apt. #, etc.

City & State

JAX, FLA

City & State

JAX FLA

Zip

32210

Country

DOVA

Zip

32210

Country

DOVA

4. FEI Number

203262225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CARTER, WILLIAM J JR.
4826 PALMER AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

William J CARTER JR

Street Address (P.O. Box Number is Not Acceptable)

4826 PALMER AVE

City

JAX

FL

Zip Code

32210

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 PD ☐ Delete
NAME CARTER, WILLIAM J JR.
STREET ADDRESS 4826 PALMER AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: William J. CARTER JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 904 424-2841

Date

Daytime Phone #