### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT # P05000070892 1. Entity Name VLASNIK CARPENTRY & CONSTRUCTION, INC. Principal Place of Business 6305 COTTON ST 6305 COTTON ST PENSACOLA, FL 32526 ANNUAL REPOR Mailing Address 6305 COTTON ST PENSACOLA, FL 32526

#### FILED Apr 20, 2007 08:00 A Secretary of State



#### DO NOT WRITE IN THIS SPACE

 04172007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VLASNIK, LONNIE L 6305 COTTON ST PENSACOLA, FL 32526

CITY-ST-ZIP

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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					
	ognovice, typica or printed name or registered agent and me n	appicade. (NOTE: registered Agent	signæure	rodniled when retristating)	DAIL
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		<b>\$5.00</b> May Be Added to Fees	
10.	D. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VLASNIK, LONNIE L % 6305 COTTON ST PENSACOLA, FL 32526				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VLASNIK, PATRICIA B % 6305 COTTON ST PENSACOLA, FL 32526				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this illing 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.

LONNIEL VLASNIK 4/17/07 850-776-5498