## 2006 FOR PROFIT CORPORATION . -ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

## Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P05000103156 04-06-2006 90027 014 \*\*\*158.75 1. Entity Name DREWES FINISH CARPENTRY INC. Principal Place of Business Mailing Address P.O. BOX 1171 P.O. BOX 1171 MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address 1231 Chestnut Ave E 1231 Chestnut Auc E. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 90 - 6248382 City & State City & State Applied For restrica Not Applicable restuica \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGAL ZOOM NEVADA, INC. Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER STREET SUITE 675 **MIAMI FL 33130** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition Bertha A Cunningham. NAME DREWES, KEITH C NAME 1231 Chestrut AUC E. STREET ADDRESS P.O. BOX 1171 STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP Crestvicw, F/ 32539 . Delete TITLE ☐ Change ☐ Addition NAME DALL, ZANDRA L NAME STREET ADDRESS P.O. BOX 1171 STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP . Delete TITEE TITLE Change - 🗀 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED