

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 031 ***150.00

DOCUMENT # P05000120387	
1. Entity Name CHRIS ROTHROCK CARPENTRY INC.	

Principal Place of Business 31 CRESCENT CIR. FT. WALTON BEACH, FL 32548	Mailing Address 31 CRESCENT CIR. FT. WALTON BEACH, FL 32548
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2. Principal Place of Business 501 Dona Ave	3. Mailing Address 501 Dona Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Walton Bch, FL	City & State Ft Walton Bch, FL
Zip 32547	Zip 32547
Country USA	Country USA



02282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent ROTHROCK, CHRIS 31 CRESCENT CIR. FT. WALTON BEACH, FL 32548	
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7. Name and Address of New Registered Agent Name Rothrock Chris Street Address (P.O. Box Number is Not Acceptable) 501 Dona Ave City Ft Walton Bch FL 32547	
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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 Janette Rothrock - Treasurer DATE 4-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ROTHROCK, CHRIS 31 CRESCENT CIR. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Rothrock, Chris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Dona Ave Ft Walton Bch, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHROCK, JEANETTE 31 CRESCENT CIR. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rothrock, Jeanette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Dona Ave Ft Walton Bch, FL 32547
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
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	Daytime Phone # 850-598-4150
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		