2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachmen

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P05000146029 04-28-2006 90152 043 ***150.00 DANIEL LANHAM CARPENTRY INC Principal Place of Business Mailing Address 152 GARFIELD DRIVE 152 GARFIELD DRIVE PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address 52 6an 1st MOORE CR2E034 (10/05) 4. FEI Number 74-3153587 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required camoia Address of Current Registered Agent 7. Name and Address of New Registered Agent LANHAM, DANIEL 7 FLYNN DR PENSACOLA FL 32507 Sacala 8. The above named tatement 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 SIGNATURE X (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 TITLE Daniel Lanham NAME LANHAM, DANIEL NAME 52 Garfield Pr. STREET ADDRESS 7 FLYNN DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-Z(P TITLE Delete TITLE ☐ Addition NAME SPRINKLE, CHARLES D NAME STREET ADDRESS 152 GARFIELD DR. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP isacala Fl TITLE VΡ Delete ☐ Addition NAME SHELLY, RONNNIE NAME STREET ADDRESS STREET ADDRESS 152 GARFIELD DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplea rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

vith all other like empowered.

FILED

4-18-06 (850) 375-1062