


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000153801	
1. Entity Name JAMES ROBERTSON'S CARPENTRY INC	

Principal Place of Business 1305 OCALA RD #128 TALLAHASSEE, FL 32304	Mailing Address 1305 OCALA RD #128 TALLAHASSEE, FL 32304
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

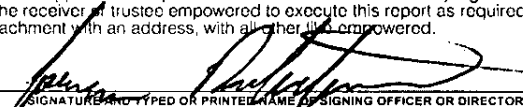
6. Name and Address of Current Registered Agent	
ROBERTSON, JAMES 1305 OCALA RD #128 TALLAHASSEE, FL 32304	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	DATE

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, JAMES	NAME	Forman
STREET ADDRESS	1305 OCALA RD #128	STREET ADDRESS	Cecil Williamson Sr.
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	2288 Landfill Rd.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Crew leader
STREET ADDRESS		STREET ADDRESS	Juan Diaz
CITY-ST-ZIP		CITY-ST-ZIP	41555 Newton Hwy.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Camila, Ga 31730
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 officers empowered.	
SIGNATURE: 	DATE: Feb 20-06 559-8230

FILED  
06 FEB 20 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02202006 Chg-P CR2E034 (11/05)

4. FEI Number 203823331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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