

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90385 010 \*\*\*150.00

**DOCUMENT # P05000156214**

1. Entity Name  
**SON & FATHER CARPENTRY SERVICES, INC.**



Principal Place of Business  
**865 CRYSTAL LAKE DRIVE  
POMPANO BEACH, FL 33064**

Mailing Address  
**865 CRYSTAL LAKE DRIVE  
POMPANO BEACH, FL 33064**

**66017189**



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3851827</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FIGUEIREDO, EGIDIO  
865 CRYSTAL LAKE DRIVE  
POMPANO BEACH, FL 33064**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	FIGUEIREDO, EGIDIO
STREET ADDRESS	865 CRYSTAL LAKE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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:** *E. Figueiredo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/07 954219-7010  
Date Daytime Phone #