2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90020 003 ***158.75

DOCUMENT # P05000163296

1. Entity Name
TRUE ANGLE CARPENTRY, INC.

Principal Place of Business	Mailing Address
181 SE 52ND CT. OCALA, FL 34471	181 SE 52ND CT. OCALA, FL 34471

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2701 NE 7th Street	2701 NE 7th St.
Suite, Apt. #, etc. 908	Suite, Apt. #, etc. 908
City & State Ocala Fl	City & State Ocala, Fl
Zip 34470 Country US	Zip 34470 Country US

4. FEI Number 76-0809687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROCKER, ANDREA R 181 SE 52ND CT. OCALA, FL 34471	Name Andrea R Brocker Street Address (P.O. Box Number is Not Acceptable) 2701 NE 7th Street #908 City Ocala FL Zip Code 34470

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. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P BROCKER, ANDREA R 181 SE 52ND CT. OCALA,, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 2701 NE 7th St #908 Ocala, Fl 34470
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: Andrea Brocker 3-20-06 352-207-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #