

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90011 050 \*\*\*150.00

66007684

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                     |                                                                            |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000016021</b><br>1. Entity Name<br><b>QUALITY CARPENTRY BY BOB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                     |                                                                            |                                                                                                                   |  |
| Principal Place of Business<br><b>6263 188TH TRAIL NORTH<br/>LOXAHATCHEE, FL 33470</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                     | Mailing Address<br><b>6263 188TH TRAIL NORTH<br/>LOXAHATCHEE, FL 33470</b> |                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                            |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State                                                                        |                                                                            |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                       | Zip                                                                                 | Country                                                                    |                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOMBARDO, ANTHONY ROBERT<br/>6263 188TH TRAIL NORTH<br/>LOXAHATCHEE, FL 33470</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                     |                                                                            |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D LOMBARDO, ANTHONY ROBERT <input type="checkbox"/> Delete<br>6263 188TH TRAIL NORTH<br>LOXAHATCHEE, FL 33470 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                               |                                                                                     |                                                                            |                                                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                     | 3/19/07 561-662-3534                                                       |                                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                     | <small>Date Daytime Phone #</small>                                        |                                                                                                                   |  |