## 2007 FOR PROFIT CORPORATION

## Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000032264** 04-12-2007 90025 009 \*\*\*150.00 E & É CARPENTRY, INC. Mailing Address Principal Place of Business 1947 GEORGIANNA ST 1947 GEORGIANNA ST LARGO, FL 33774 LARGO, FL 33774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4 FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EISWELE, JOHN S Street Address (P.O. Box Number is Not Acceptable) 1947 GEORGIANNA ST LARGO, FL 33774 City Zip Code 8. The above named antity 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. e of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating , typed or printed ne 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. president TITLE Delete TITLE ☐ Addition Change NAME NAME UNU SEISER 1947 Georgiana St Largo KA 337 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ergo TITLE Deleta TITLE ☐ Change ☐ Addition Oshua A. Eisele NAME NAME 1947 Georgianns Large pa 33774 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 repeiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED