

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000070491

FILED
Feb 26, 2009
Secretary of State**Entity Name:** GABLE CARPENTRY, INC.**Current Principal Place of Business:**1958 S.W. WINNERS DRIVE
PALM CITY, FL 34990 US**New Principal Place of Business:****Current Mailing Address:**1958 S.W. WINNERS DRIVE
PALM CITY, FL 34990 US**New Mailing Address:****FEI Number:** 20-4930860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BALTRUN, MARK J
725 N A1A
SUITE B-104
JUPITER, FL 33477 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P, D () Delete
Name: GABLE, STEVEN
Address: 1958 S.W. WINNERS DRIVE
City-St-Zip: PALM CITY, FL 34990 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SECT () Change (X) Addition
Name: GABLE, ELAINE M MRS
Address: 1958 SW WINNERS DRIVE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN GABLE

P.D

02/26/2009

Electronic Signature of Signing Officer or Director_____
Date