

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109665

Entity Name: HB CARPENTERS, INC

FILED  
May 31, 2007  
Secretary of State

**Current Principal Place of Business:**

4907 SHETLAND AVE  
TAMPA, FL 33615 US

**New Principal Place of Business:**

3810 W DE LEON ST  
#2  
TAMPA, FL 33609 US

**Current Mailing Address:**

4907 SHETLAND AVE  
TAMPA, FL 33615 US

**New Mailing Address:**

3810 W DE LEON ST  
#2  
TAMPA, FL 33609 US

FEI Number: 20-5432221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTRACTORS REPORTING SERVICE, INC  
2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

KESLINKE, BARBARA A  
3810 W DE LEON ST  
#2  
TAMPA, FL 33609 US

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: BARBARA KESLINKE

05/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KESLINKE, BARBARA  
Address: 3810 W DELEON UNIT 2  
City-St-Zip: TAMPA, FL 33609 US

Title: VP ( ) Delete  
Name: MEACHAM, DAVID  
Address: 4907 SHETLAND AVE  
City-St-Zip: TAMPA, FL 33615 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA KESLINKE

PRES

05/31/2007

Electronic Signature of Signing Officer or Director

Date