.4 2	2007 FOR PROFI	T CORPORA . REPORT	τιο	N					
DOCUMENT # P06000136967						FILED			
1. Entity Name F.O. HERNANDEZ CARPENTRY, INC									
					07 FEB	15 AM 9: 1	52		
Principal Place of Business Mailing Address					SECKe i	ARY OF ST	ÁIL DIDA		
878 ROD SHAW RD Quincy, FL 32351		878 ROD SHAW RD Quincy, FL 32351				SSEE, FLO	кіра		
2. Principal P	3. Mailing Address	Vailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02142007	Chg-P	CR2E034 (12/	06)	
City & State		City & State			4. FEI Numbe	20441		Applied For Not Applicable	
Zip Country		Zip Cour		ntry	5. Cortificate of Status Desired Status Desired Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		juirea	
HERNANDEZ, FRANCISCO O									
878 ROD SHAW RD QUINCY, FL 32351				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
	named entity submits this statement fo ions of registered agent.	or the purpose of changing its	register	ed office or regist	ered agent, or bot	h, in the State of Flo	orida. Tam familiar v	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and litle if applicable (NOTi	Registere	d Agent signature requi	ed when reinslating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont	-		5.00 May Be ded to Fees		·	· · ·	
10.	OFFICERS AND		11.			CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, FRANCISCO O PO BOX 750 GRETNA, FL 32332	Delete			90 02/27	000892 70701004	28484% 020 **1	tue □ Addition 50.00	
DTLE		Delete	TITL		100-	JICL F	HYPT Char	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP					OBOX	750 Gre	etna F	132332	
TITLE		Delete	titL	E G			Chai	nge 🔲 Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP					
TITLE NAME		Delete	titli Nam	j			Char	nge 🛄 Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE		Delete	TITL	1			🛄 Char	nge 🔲 Addition	
NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		Delete	CITY	E			Char	nge 🗌 Addition	
NAME			NAM	E				ge en naomoti s	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST- ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that n owered to execute this report	ny signa as requi	ture shall have the	e same legal effec	t as if made under o s; and that my name	e appears in Block	icer or director	
SIGNAT	URE: Froncisco H	ynonde				2-15	-07	7	
	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Daytime Phor	et 🗌	

66 Sandama FER 1 5 2007