


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 003 ***150.00

DOCUMENT # P93000009834

1. Entity Name
 NOVA CARPENTRY, INC.



Principal Place of Business
 10825 TOM FOLSON ROAD
 SUITE A
 THONOTOSASSA, FL 33592-3456 US

Mailing Address
 10825 TOM FOLSON ROAD
 SUITE A
 THONOTOSASSA, FL 33592-3456 US

54003948

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0388575

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 NYMARK, DENNIS V
 137 SOUTH PEBBLE BEACH BLVD.
 SUITE 201
 SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent
 Name: **HUGH MACDONALD**
 Street Address (P.O. Box Number is Not Acceptable): **10825 Tom Folsom Road, Suite A**
 City: **THONOTOSASSA** FL Zip Code: **33592**

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: *Hugh MacDonald* **2/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MACDONALD, HUGH	
STREET ADDRESS	10825 TOM FOLSOM RD., STE A	
CITY-ST-ZIP	THONOTOSASSA, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACDONALD III, HUGH	
STREET ADDRESS	10825 TOM FOLSOM RD., STE A	
CITY-ST-ZIP	THONOTOSASSA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Hugh MacDonald* **Hugh MacDonald** **2/6/04** **873/986-4968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #