2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

02252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0388575	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, HUGH V
10825 TOM FOLSON ROAD, SUITE A
THONOTOSASSA, FL 33592

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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_____

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, 2005 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
NAME	MACDONALD, HUGH
STREET ADDRESS	10825 TOM FOLSOM RD., STE A
CITY-ST-ZIP	THONOTOSASSA, FL
TITLE	V
NAME	MACDONALD, HUGH III
STREET ADDRESS	10825 TOM FOLSON RD., STE A
CITY-ST-ZIP	THONOTOSASSA, FL

U00000261941
03/14/05-80033-002 150.00

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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 McDonald_   3/11/05   813/986-4968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #