## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P93000055202 1. Entity Name 03-29-2005 90015 023 \*\*\*150.00 JEFF'S CARPENTRY AND TRIM, INC. Principal Place of Business Mailing Address 1111 BUTTERMILK LN PORT ORANGE FL 32119 1111 BUTTERMILK LN PORT ORANGE FL 32119 2. Principal Place of Buşiness Mailing Address 25/ Anto Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3199677 mont Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 05 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JREFERKI WHITLOCK, JEFFREY-L 1111 BUTTERMILK LN Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32119 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 3 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete WHITLOCK, JEFFREY L WHHOOK NAME NAME 1111 BUTTER MILK LN 251 Anh STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL CITY-ST-ZIP ☐ Defete ☐ Addition NAME WHITLOCK, JEFFREY L NAME WHillak STREET ADDRESS 1111 BUTTERMILK LN STREET ADDRESS PORT ORANGE FL 32119 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete RILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

FILED

Mar 29, 2005 8:00 am