2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 13, 2008 8:00 am Secretary of State DOCUMENT # P94000007995 1. Entity Name 05-13-2008 90019 022 ***150.00 CARPENTER GENERAL CONTRACTORS INCORPORATED Principal Place of Business Mailing Address 130 BRIDGE RD TEQUESTA FL 33469 US 130 BRIDGE RD TEQUESTA FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0466049 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAY J CARPENTER 18440 SE LAKESIDE DR Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 Zip Code 8. The above named entity schmits 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. printed name of registered agent and site if applicable. (NOTE: Registered Agent agnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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. DIPISITIZ D TITLE ☐ Defete TITLE Change : ☐ Addition CARPRUTER, JAY J. CARPENTER, JAY J NAME NAME 130 BRIDGE RD STREET ADDRESS 130 BRIDGE RD STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP TEQUESTA, FL 33469 D/V TITLE ☐ Derete TITLE Change Addition CARPENTER, BONNIE BROKMAN NAME NAME 130 BRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, PC 33469 Addition ☐ Delete TITLE ☐ Change NÃME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIME TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIF ☐ Delete TITLE Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Offy-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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