2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000050951

1. Entity Name
K & L CUSTOM CARPENTRY, INC.

Principal Place of Business	Mailing Address
1173 SE CLIFTON LANE PORT SAINT LUCIE, FL 34983 US	1173 SE CLIFTON LANE PORT SAINT LUCIE, FL 34983 US

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0507230
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELGOTH, KEVIN
1173 SE CLIFTON LN
PORT SAINT LUCIE, FL 34983

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

UH00004005D1
02/02/06-80006-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HELGOTH, KEVIN
STREET ADDRESS	1173 SE CLIFTON LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	STD
NAME	HELGOTH, LISA
STREET ADDRESS	1173 SE CLIFTON LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VP
NAME	HELGOTH, DAVID
STREET ADDRESS	977 RIVERSIDE DR APT 2220
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE: Kevin Helgoth Kevin Helgoth 1-22-06 772 201 6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #