


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000009347 1. Entity Name MCGINNIS CARPENTRY, INC.	
--	---

Principal Place of Business 11705 S.W. MEADOW LARK CIR. STUART, FL 34997	Mailing Address 11705 S.W. MEADOW LARK CIR. STUART, FL 34997
--	--



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0565076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGRAM, WILLIAM T SR. 11130 S.E. FEDERAL HWY. HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/28/04--80056 ***3750.00 000000135376 04/28/04-60056-001 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS E. MCGINNIS 11705 SW MEADOWLARK CIR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDY S. MCGINNIS 11705 SW MEADOWLARK CIR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4/23/04** **112 285 2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #