2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000015051

1. Entity Name

R & C CARPENTRY SERVICES, INC.



Principal Place of Business

Mailing Address

2150 E. GATEWAY DRIVE NEW SMYRNA BEACH, FL 32168 2150 E. GATEWAY DRIVE NEW SMYRNA BEACH, FL 32168

FILED Apr 04, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3299674 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, RICKY K 2150 E. GATEWAY DRIVE NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

3/27/07

386-427-2148

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 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, 2007 Fee will be \$550.00 9. Election Car Trust Fund C			ncing	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, RICKY K 2150 E. GATEWAY DRIVE NEW SMYRNA BEACH, FL 32168				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000689439 04/11/07-80036-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP				, IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-SI-ZIP	7.500 v. da 7.700 v. da 7.700 v. da				
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.					

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR