


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

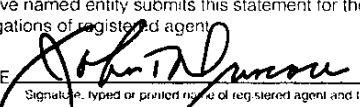
FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 022 ***158.75

DOCUMENT # P96000009684			
1. Entity Name JIM BARBER CUSTOM CARPENTRY INC.			
Principal Place of Business 4540 SE 120 ST BELLEVIEW FL 34420		Mailing Address 4540 SE 120TH ST BELLEVIEW FL 34420	
2. Principal Place of Business FLORIDA P.O. Box 1712		3. Mailing Address 305 ALLEN DODSON RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCCLAWAHA FL.		City & State BUCHANAN TN.	
Zip 32183	Country U.S.A.	Zip 32183 38222	Country FL USA.



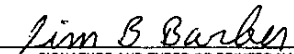
1st MOORE CR2E034 (10/05)

4. FEI Number 59-3430045		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARBER, JAMES 4540 SE 120TH ST BELLEVIEW FL 34420 305 ALLEN DODSON RD. BUCHANAN TN. 38222		7. Name and Address of New Registered Agent Name JOHN T. DRISCOLL P.A. Street Address (P.O. Box Number is Not Acceptable) 3442 SE LAKE WALK RD. SUITE B. City OCALA FL Zip Code 34471	
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  JOHN T DRISCOLL CPA DATE 4/22/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BARBER, JAMES 4540 SE 120TH ST 305 ALLEN DODSON RD BELLEVIEW FL 34420 BUCHANAN TN. 38222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **JIM B. BARBER** **352-843-6567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #