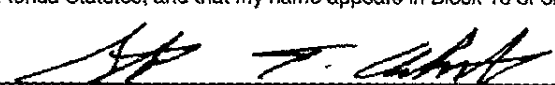


FILED
May 06, 2005 08:00 AM
Secretary of State

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040809			
1. Entity Name S & A Carpentry, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 481 Floral Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State	
Zip 34743	Country	Zip	Country
		4. FEI Number 59-3445739	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) 481 FLORAL DRIVE			
City KISSIMMEE FL Zip Code 34743			
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEVEN ASHCRAFT 481 FLORAL DRIVE KISSIMMEE FLORIDA 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000364428 05/06/05-80042-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
2. 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #