## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000088001

Entity Name: GARY THE CARPENTER CONSTRUCTION, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1009 SIMONTON ST 1009 SIMONTON ST KEY WEST, FL 33040

SUITE 3

KEY WEST, FL 33040

**Current Mailing Address: New Mailing Address:** 

1009 SIMONTON ST 1009 SIMONTON ST KEY WEST, FL 33040

SUITE 3

KEY WEST, FL 33040

FEI Number: 65-0786311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURCHFIELD, GARY BURCHFIELD, GARY 1009 SIMONTÓN ST 1009 SIMONTON ST KEY WEST, FL 33040 US SUITE 3

KEY WEST, FL 33040 US

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.

SIGNATURE: 04/04/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

BURCHFIELD, GARY BURCHFIELD, GARY Name: Name: 310 AMELIA ST 12 EVERGREEN LANE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

BURCHFIELD, DEBBIE BURCHFIELD, DEBBIE Name: Name: 310 AMELIA ST Address: 12 EVERGREEN LANE Address: KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: GARY BURCHFIELD 04/04/2005