

FILED

Feb 26, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000104279 1. Entity Name BRITTON CUSTOM CARPENTRY, INC.	
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Principal Place of Business 1067 SHADICK UNIT E ORANGE CITY, FL 32720 US	Mailing Address 1067 SHADICK UNIT E ORANGE CITY, FL 32720 US
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02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480498	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAURIA, RONALD G 620 CRANES WAY, SUITE 207 ALTAMONTE SPRINGS, FL 32701	DO NOT WRITE IN THIS SPACE
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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 state if applicable. (NOTE: Registered Agent Signature required when renewing) DATE _____

FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRITTON, DEAN W 1067 E SHADICK DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOEPLER, ELIZABETH L 1067 E SHADICK DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000244556
02/26/05-80026-001 150.00

**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: Elizabeth X Hoepler 2-22-05 386-917-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #