2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000015315

1. Entity Name
FORD'S FINISH CARPENTRY, INC.

Principal Place of Business	Mailing Address
17526 91 PL NO LOXAHATCHEE, FL 33041	17526 91 PL NO LOXAHATCHEE, FL 33041

DO NOT WRITE IN THIS SPACE

FILED
May 04, 2005 08:00 AM
Secretary of State

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0825087	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, RICHARD
17526 91 PL NO.
LOXAHATCHEE, FL 33041

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORD, RICHARD
STREET ADDRESS	17526 91 PL NO
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80027-013 150.00

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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: _Richard Ford_   4/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #