2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ビルレス

Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P98000031536 1. Entity Name E. H. CARPENTRY, INC. Principal Place of Business Mailing Address 3971 NW 50TH WY LAUDERDALE LAKES FL 33319 3971 NW 50TH WY LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEl Number Applied For City & State 65-0830653 Not Applicable Country \$8.75 Additional Ζìρ Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANSON, ERIC C 3971 NW 50TH WY Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES FL 33319 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change Addition IIIU ☐ Delete IIIIE U00000339069 04/28/05-80060-018 150.00 HANSON, ERIC C NAME NAME 3971 NW 50TH WAY STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33319 CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition MUE Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change HILE Defete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP THE Change ☐ Addition Tille ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED