2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000034206 1. Entity Name						Mar 01, 2004 08:00 AM Secretary of State
BRUCE TANSEY CUSTOM CARPENTRY, INC.					Secretary of State	
Principal Place of Business 3041 SANDPIPER BAY CIRCLE #H-302 NAPLES FL 34112 Mailing Address 3041 SANDPIPER BAY CIRCLE # NAPLES FL 34112					E #H-302	4 1222/1221 110 10101 10111 dbill werd bedar bedar 1111 dinne 1101 bedar 22/1281 1 1001
2. Principal P	Place of Busin	ess	3. Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State			City & State			4. FEI Number 59-3509093 Applied For Not Applicable
Žip			Zip Countr		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
TANSEY, BRUCE 3041 SANDPIPER BAY CIRCLE H-302 NAPLES FL 34112					Street Address ((P.O. Box Number is Not Acceptable)
					City	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 Signature, typed or presed name of registered agent and sille if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PVST TANSEY, I 3041 SANI NAPLES FI	OPIPER BAY CIRCLE	☐ Delete		- 1	☐ Change ☐ Addition U000f10072382 U3/U1/U4-80108-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Selete			☐ Change ☐ Addition
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.						

_ FILED

(239)732-0394