2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2005 8:00 am Secretary of State DOCUMENT # P98000034206 BRUCE TANSEY CUSTOM CARPENTRY, INC. 03-02-2005 90077 025 ***158.75 Principal Place of Business Mailing Address 3041 SANDPIPER BAY CIRCLE #H-302 3041 SANDPIPER BAY CIRCLE #H-302 NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address 1635 Auton 1635 Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For Nan 59-3509093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Change address Name TANSEY, BRUCE 3041 SANDPIPER BAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) 1635 Avion Place H-302 NAPLES, FL 34112 Naples, FL 34104 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE ☐ Celete TITLE TANSEY, BRUCE NAME 3041 SANDPIPER BAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 City-ST-7P TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance Addition NAME MARAY-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 12. Thereby 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:

FILED