



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90002 025 \*\*\*158.75

DOCUMENT # P98000035457					
1. Entity Name GFH CARPENTRY, INC.					
Principal Place of Business 1100 W. LAKE BUCKEYE DR. WINTER HAVEN, FL 33881			Mailing Address PO BOX 601 WAVERLY, FL 33877		
2. Principal Place of Business 5901 LK. HATCHINEHA RD.		3. Mailing Address 5901 LK. HATCHINEHA RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092005 Chg-P CR2E034 (10/03)	
City & State HAINES CITY FL.		City & State HAINES CITY FL.		4. FEI Number 65-0885499	
Zip 33844		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAMEL, FRANCOIS 1220 LAKE DR WAVERLY, FL 33877			7. Name and Address of New Registered Agent -Name HAMEL FRANCOIS G. 100% Street Address (P.O. Box Number is Not Acceptable) 5901 LK. HATCHINEHA RD. City HAINES CITY FL Zip Code 33844		
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 <u>Francois G. Hamel</u> DATE <u>05/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMEL, FRANCOIS G		NAME	HAMEL FRANCOIS G.	
STREET ADDRESS	1220 LAKE DR		STREET ADDRESS	5901 LK. HATCHINEHA RD.	
CITY-ST-ZIP	WAVERLY, FL 33877		CITY-ST-ZIP	HAINES CITY FL. 33844	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Francois G. Hamel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>05/26/05</u> <small>Daytime Phone #</small>		