

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-06-2005 90002 025 ***158.75

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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.

City & State
 HAINES CITY FL.

City & State
 HAINES CITY FL.

Zip
 33844

Country
 POLK

Zip
 33844

Country
 POLK



6. Name and Address of Current Registered Agent

HAMEL, FRANCOIS
 1220 LAKE DR
 WAVERLY, FL 33877

4. FEI Number
 65-0885499

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

State
 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 Francois G Hamel DATE 05/26/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME HAMEL, FRANCOIS G	
STREET ADDRESS 1220 LAKE DR	
CITY-ST-ZIP WAVERLY, FL 33877	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMEL FRANCOIS G.	
STREET ADDRESS 5901 LK. HATCHINEHA RD.	
CITY-ST-ZIP HAINES CITY FL. 33844	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Francois G Hamel DATE 05/26/05

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