

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000035457 1. Entity Name GFH CARPENTRY, INC.					
Principal Place of Business 5907 LK HATCHINEHA RD HAINES CITY FL 33844			Mailing Address 5907 LK HATCHINEHA RD HAINES CITY FL 33844		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0885499	
5. Certificate of Status Desired ☐				Applied For Not Applied	
6. Name and Address of Current Registered Agent HAMEL, FRANCOIS G 5907 LK HATCHINEHA RD HAINES CITY FL 33844				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when rotating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete	TITLE	U00000535920	☐ Change ☐ Add
NAME	HAMEL, FRANCOIS G		NAME		
STREET ADDRESS	5907 LK HATCHINEHA RD		STREET ADDRESS		
CITY- ST- ZIP	HAINES CITY FL 33844		CITY- ST- ZIP	05/08/06-80073-002 150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 exemptions contained in Section 119, 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> FRANCOIS G. HAMEL President 03 2306 863-521-1616					