2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000036865

1. Entity Name
ALL CARPENTRY, INC.

Principal Place of Business	Mailing Address
823 MALLARD RD	823 MALLARD RD
COCOA, FL 32926	COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

02232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3499159	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, RONI M
823 MALLARD RD
COCOA, FL 32926

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IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	VD	
NAME	FLOWE, KENNETH	
STREET ADDRESS	823 MALLARD RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	VD	
NAME	LOZAW, TIMOTHY	
STREET ADDRESS	1260 SHADY LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	P	
NAME	BAUER, RONI	
STREET ADDRESS	823 MALLARD RD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/25/05-80041-003 158.75

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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: _____ 2/24/05 321-783-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #