

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

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

**DOCUMENT # P98000037788**

Entity Name

COUNTY APPROVED CARPENTRY, INC.



Principal Place of Business

14219 MISSOURI SKYLARK ROAD  
BROOKSVILLE, FL 34614

Mailing Address

14219 MISSOURI SKYLARK ROAD  
BROOKSVILLE, FL 34614



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3507319

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONGARELLO, STEPHEN T  
14219 MISSOURI SKYLARK RD.  
BROOKSVILLE, FL 34614

**DO NOT WRITE  
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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

1100001535194  
05/08/06-80043-018. 150.00

10. OFFICERS AND DIRECTORS

<small>TITLE</small>	P
<small>NAME</small>	LONGARELLO, STEPHEN T
<small>STREET ADDRESS</small>	14219 MISSOURI SKYLARK RD.
<small>CITY-ST-ZIP</small>	BROOKSVILLE, FL 34614
<small>TITLE</small>	T
<small>NAME</small>	LONGARELLO, DEBORAH
<small>STREET ADDRESS</small>	14219 MISSOURI SKYLARK RD.
<small>CITY-ST-ZIP</small>	BROOKSVILLE, FL 34614
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
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<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 a address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06