



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000078570 1. Entity Name S & R CARPENTRY INC.		
Principal Place of Business 13254 S.W. 144TH TERRACE MIAMI, FL 33186	Mailing Address 13254 S.W. 144TH TERRACE MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANSCHUTZ, ROBERTO 13254 SW 144 TERR MIAMI, FL 33186		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANSCHUTZ, ROBERTO L 11232 S.W. 67TH TERRACE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ANSCHUTZ, SUSANA 11232 S.W. 67TH TERRACE MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-20-05 (305) 969-5920 <small>Daytime Phone #</small>



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0860880** Applied For
Not Applicable

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

1100000328179
04/25/05-80067-007 150.00

**DO NOT WRITE
IN THIS SPACE**