2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90285 031 ***150.00

DOCUMENT # P99000000022

1. Entity Name
BRT CARPENTRY, INC.

Principal Place of Business
1684 CYPRESS AVE., S-30
MELBOURNE, FL 32935

Mailing Address
1684 CYPRESS AVE., S-30
MELBOURNE, FL 32935

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3537786
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, BARBARA A
1486 PALMWOOD DR.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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	PD	☐ Delete
NAME	TAYLOR, BARBARA A	
STREET ADDRESS	1486 PALMWOOD DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	SD	☐ Delete
NAME	ROGERS, DONNA V	
STREET ADDRESS	2180 CHERRYWOOD DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	☐ Delete
NAME	TAYLOR, ROBERT E	
STREET ADDRESS	1486 PALMWOOD DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	☐ Delete
NAME	ROGERS, ROBERT M	
STREET ADDRESS	2180 CHERRYWOOD DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Donna Rogers 4/27/05 321-480-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #