2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # P9900003495 1. Entity Name MZ CARPENTRY INC.							04-17-2008 9	90031 00	5 ***15().00	
Principal Place of Business Mailing Address						7					
1471 PIERCE CLEARWATER	E ST		1471 PIERCE ST	-		·					
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01182008	Chg-P	CR2E03	14 (12/06)			
City & State			City & State		4. FEI Number 59-355			No	plied For t Applicable		
Zip			Zip	Country			of Status Desired		8.75 Add		
	~ 6 Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Name						
ZDZIEBKO, MARIAN 1471 PIERCE STREET					Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER, FL 33755											
					City FL Zip Code						
			for the purpose of changing its	register	L ed office or registe	ered agent, or bo	th, in the State of Flo		I amiliar 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) OATE											
FIL After Ma	E NOW!!! ay 1, 2006	FEE IS \$150.00 B Fee will be \$550	9. Election Campai Trust Fund Cont			5.00 May Be ided to Fees					
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1471 PIEF	O, MARIAN RCE ST. ATER, FL 33755	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	-		☐ Delete		1		-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	Addition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ				☐ Change	Addition ·	
12. I hereby indicated	certify that the	e information supplied w it or supplemental repor	ith this filing does not qualify for the true and accurate and that r	or the exe	emptions containe ture shall have the	ed in Chapter 119 e same legal effec	, Florida Statutes. I t as if made under c	further certinath; that I a	ly that the in m an officer	formation or director	

2. I hereby certury that the information supplied with his limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or suppliemental 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.

MALIAN 20** **LEBKO**

MALIAN 20** **LEBKO**

**The report of supplied with this information in the information in the property of the exemptions of 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 the report of the corporation of the corporation of 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 the receiver of the corporation of the corporatio

SIGNATURE: 🗸	Monn	Zilly	PRES.	3/28/08	727-251-663	5
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OF	FFICER OR DIRECTOR	Date	Daytime Phone #	