

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014305

Entity Name: CONSOLIDATED CARPENTRY, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

5 HITCHING POST LANE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

5 HITCHING POST LANE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3556989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, ROBERT L
5 HITCHING POST LANE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVER, ROBERT L
Address: 5 HITCHING POST LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: SILVER, BRUCE R
Address: 5 HITCHING POST LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: GRILL, THOMAS W
Address: 5 HITCHING POST LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: BOONE, ANTHONY A
Address: 5 HITCHING POST LANE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. SILVER

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date