


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90078 038 \*\*\*550.00

**DOCUMENT # P99000028090**

1. Entity Name  
LP CARPENTRY, INC.



Principal Place of Business      Mailing Address

1039 HERNDON PL      1039 HERNDON PL  
SARASOTA, FL 34232      SARASOTA, FL 34232

00423000



06162004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0906759      Not Applicable

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

6. Name and Address of Current Registered Agent

YODER, PATRICIA A  
1039 HERNDON PL  
SARASOTA, FL 34232

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	YODER, LAMAR
STREET ADDRESS	1039 HERNDON PL
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V
NAME	NICHOLSON, RAYMOND S
STREET ADDRESS	4804 BROOKSDALE DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V
NAME	BURKETT, MICHAEL L
STREET ADDRESS	2905 BAHIA VISTA ST
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_      Date: 7/6/04      Daytime Phone #: 809-9260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR