


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000029481			
1. Entity Name KENNINGTON'S CARPENTRY, INC.			
Principal Place of Business 273 MARION AVE. LABELLE, FL 33935-5752 US		Mailing Address PO BOX 1116 LABELLE, FL 33975 US	
DO NOT WRITE IN THIS SPACE			
		01242007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0903514		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNINGTON, HENRY 273 MARION AVE. LABELLE, FL 33935-5752		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000611722 02/02/07-80075-003 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	KENNINGTON, HENRY		
STREET ADDRESS	273 MARION AVE		
CITY-ST-ZIP	LABELLE, FL 339355752		
TITLE	VP		
NAME	KENNINGTON, SUZANNE T		
STREET ADDRESS	273 MARION AVE		
CITY-ST-ZIP	LABELLE, FL 33935		
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 exemptions contained in Chapter 119, 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: <i>HENRY KENNINGTON</i> <i>Henry Kennington</i>		1/24/07 803-675-4819	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	