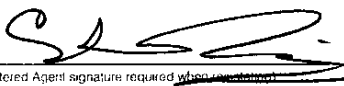
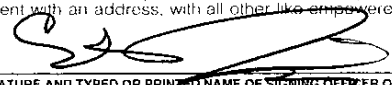


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90018 038 ***158.75

DOCUMENT # P99000034507 1. Entity Name LAVOIE CUSTOM CARPENTRY, INC.					
Principal Place of Business 5057 BERKELEY DR. NAPLES FL 34112				Mailing Address 5057 BERKELEY DR NAPLES FL 34112	
2. Principal Place of Business Suite, Apt. #, etc. 4776 Radio Rd # 707		3. Mailing Address Suite, Apt. #, etc. 4776 Radio Rd # 707			
City & State Naples Fla		City & State Naples Fla		4. FEI Number 59-3585163	
Zip 34104		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVOIE, STEEVE 5057 BERKLEY DR NAPLES FL 34112				7. Name and Address of New Registered Agent Name Wendy Lavoie Street Address (P.O. Box Number is Not Acceptable) 5057 Berkeley Dr City Naples Fla	
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 Steeve Lavoie  03-01-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME LAVOIE, STEEVE			☐ Delete	
STREET ADDRESS 5057 BERKELEY DR	CITY-ST-ZIP NAPLES FL 34112			☐ Change ☐ Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Delete	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				03-01-06 (239) 572-2658	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	