2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

407-847-542Z Daytime Phone #

DOCUMENT # P9900056838 1. Entity Name JOHN KLEPCZYK CARPENTRY, INC.					Secretary of State			
Principal Pla 2618 N STE KISSIMMEE,		Mailing Address -2618 N STEWART ST. KISSIMMEE, FL 34746	_					
DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent			CE	02042005 4. FEI Numb 59-358	02042005 No Chg-P CR2E034 (10/03) 4. FEI Number			
KLEPCZYK, JOHN 2618 STEWART ST. KISSIMMEE, FL 34746				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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered agent eignature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution				\$5.00 May Be Added to Fees				
INLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DE D KLEPCZYK, JOHN 2618 STEWART ST. KISSIMMEE, FL 34746	ECTORS			U0u0003 04/14/05-8	04521 0046-011 150.00		
CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					NOT WE	RITE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Slatutes 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR