

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000058543

1. Entity Name
S.K. CARPENTRY, INC.



Principal Place of Business
**3011 LEISURE PLACE
SARASOTA, FL 34234**

Mailing Address
**3011 LEISURE PLACE
SARASOTA, FL 34234**

DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1135576** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**KNEPP, DARLENE
3011 LEISURE PLACE
SARASOTA, FL 34234**

**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 signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**100000094971
03/24/04-80013-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNEPP, STEPHEN R
STREET ADDRESS	3011 LEISURE PLACE
CITY - ST - ZIP	SARASOTA, FL 34234
TITLE	D
NAME	KNEPP, ERIK
STREET ADDRESS	4300 GULF DR
CITY - ST - ZIP	HOLMES BEACH, FL 34217
TITLE	T
NAME	KNEPP, CAMERON R
STREET ADDRESS	3011 LEISURE PL
CITY - ST - ZIP	SARASOTA, FL 34234
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)(f), 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: Stephen R Knepp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

941-952-0828
Daytime Phone #