


**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
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1135576	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

1100000094971
03/24/04-80013-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEPP, STEPHEN R 3011 LEISURE PLACE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEPP, ERIK 4300 GULF DR HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNEPP, CAMERON R 3011 LEISURE PL SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Date: 3-22-04 Daytime Phone #: 941-952-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR