

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90200 025 \*\*\*150.00

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04252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000089287</b> 1. Entity Name <b>ALAN T. PECK CARPENTRY, INC.</b>																													
Principal Place of Business <b>2775 ST. JOHNS AVE S JACKSONVILLE, FL 32205</b>			Mailing Address <b>2775 ST. JOHNS AVE S JACKSONVILLE, FL 32205</b>																										
2. Principal Place of Business <b>441 San Clemente Dr</b>		3. Mailing Address <b>441 San Clemente Dr</b>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>		4. FEI Number <b>59-3602947</b>																									
Zip <b>32003</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable																									
Zip <b>32003</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PECK, ALAN T 2775 ST. JOHNS AVE S JACKSONVILLE, FL 32205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>441 San Clemente Dr</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>																										
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: <i>Alan T. Peck</i> <b>Alan T. Peck, President</b> <i>4/27/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PECK, ALAN T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2775 ST. JOHNS AVE S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32205</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	PECK, ALAN T		STREET ADDRESS	2775 ST. JOHNS AVE S		CITY-ST-ZIP	JACKSONVILLE, FL 32205		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>441 San Clemente Dr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Orange Park FL 32003</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	441 San Clemente Dr		STREET ADDRESS	Orange Park FL 32003		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Alan T. Peck</i> <b>Alan T. Peck, President</b> <i>4/27/05</i> (904) 333-5755 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													