

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90043 021 ***150.00

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1. Entity Name
NOAH CARPENTRY, INC.

Principal Place of Business
9641 RIVERSIDE DRIVE F-10
CORAL SPRINGS, FL 33071

Mailing Address
P.O. BOX 770722
CORAL SPRINGS, FL 33077

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0951812 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVENT, ALAIN J
9641 RIVERSIDE DRIVE F-10
CORAL SPRINGS, FL 33071

**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 reinstating)

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**

10.

OFFICERS AND DIRECTORS

TITLE VP
NAME VIVENT, JOHN
STREET ADDRESS 9641 RIVERSIDE DR F 10
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE P
NAME Vivent, Alain J.
STREET ADDRESS 9641 Riverside Dr. F-10
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #