2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106929

Entity Name: CTC FRAME & FINISH CARPENTRY, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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325 COCOHATCHEE DRIVE 28480 OLD US 41

NAPLES, FL 34110 STE 5

BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

325 COCOHATCHEE DRIVE 28480 OLD US 41

NAPLES, FL 34110 STE 5

BONITA SPRINGS, FL 34135

FEI Number: 59-3614095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELFERDINK, CRISTEN VP
325 COCOHATCHEE DRIVE 325 COCOHATCHEE DRIVE
NAPLES, FL 34110 US SAPLES, FL 34110 US

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.

SIGNATURE: CRISTEN ELFERDINK 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ELFERDINK, STEVE
 Name:
 ELFERDINK, STEVE R P

 Address:
 325 COCOHATCHEE DRIVE
 Address:
 325 COCOHATCHEE DRIVE

325 COCOHATCHEE DRIVE Address: 325 COCOHATCHEE DRI NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: ELFERDINK, CRISTEN Name: ELFERDINK, CRISTEN T VP 320 COCOHATCHEE DRIVE 320 COCOHATCHEE DRIVE Address: Address: NAPLES, FL 34110 NAPLES, FL 34110 City-St-Zip: City-St-Zip:

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 FISCHER, PATRICK VP

 Address:
 Address:
 10611 WOODCHUCK LN

 City-St-Zip:
 City-St-Zip:
 BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTEN ELFERDINK VP 04/26/2005