## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2005 08:00 AM DOCUMENT # S65035 **Secretary of State** 1. Entity Name FORTENBERRY FINISH CARPENTRY, INC. Principal Place of Business Mailing Address 3964 ANTO RD MIDDLEBURG FL 32068 3964 PINTO RD MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3068907 Not Applicable Zìp Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORTENBERRY, JERRY T. Street Address (P.O. Box Number is Not Acceptable) 3964 PINTO RD MIDDLEBURG FL 32068 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE ☐ Delete an r Change ☐ Addition FORTENBERRY, JERRY T. NAME NAME 3964 PINTO RD STREET ADDRESS STREET ADDRESS U00000246201 MIDDLEBURG FL CHY-ST-ZIP City - ST-7)P 02/28/05-80056-029 class " 09 Addition TITLE Delete Hitt NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete ☐ Addition TUBE ☐ Change NAME NAM STREET ADDRESS STREET ADDHESS CHY, ST. 74P CITY-ST-ZIP ☐ Delete THEE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- ZIF ☐ Delete THE ☐ Change ☐ Addition MILE HAZAE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP ☐ Addition ITTLE ☐ Delete TIME Change NAME STREET ADDRESS STREET ADDRESS

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.

CHY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG ONLICER OR DIRECTOR

3/1/05 Date Daytime Phone #

**FILED**