

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91046 025 ***163.75

DOCUMENT # S91364

1. Entity Name
BADGER CARPENTRY CORPORATION



Principal Place of Business
**1033 SOUTHEAST 19TH AVENUE
CAPE CORAL, FL 33990-1844**

Mailing Address
**1033 SOUTHEAST 19TH AVENUE
CAPE CORAL, FL 33990-1844**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0295510

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TEETER, JAMES
1033 S.E. 19TH AVENUE
CAPE CORAL, FL 33990**

**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	P
NAME	TEETER, JAMES
STREET ADDRESS	1033 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	T
NAME	TEETER, DAVID
STREET ADDRESS	1033 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	TEETER, MICHAEL
STREET ADDRESS	1033 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 04

239-822-9837

Date

Daytime Phone #