

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 040 ****61.25

DOCUMENT # 704057

1. Entity Name

WOODCREST ARMS INC



Principal Place of Business

2500 E SAMPLE RD
LIGHTHOUSE POINT FL 33064
US

Mailing Address

2500 E SAMPLE RD
LIGHTHOUSE POINT FL 33064
US

34004701



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1035492

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, THOMAS W
2500 E SAMPLE RD
#10
LIGHTHOUSE POINT FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD
NAME: RICHARDSON, THOMAS
STREET ADDRESS: 2500 NE 36 ST #10
CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: VPD
NAME: FURST, CAROLYN
STREET ADDRESS: 2500 NE 36 ST #1
CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: SD
NAME: MARKWELL, WENDY
STREET ADDRESS: 2500 NE 36 STREET #11
CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: D
NAME: CIPOLLA, DOMINIC
STREET ADDRESS: 2500 NE 36 ST #4
CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: PD
NAME: LEONE, THOMAS
STREET ADDRESS: 2500 NE 36 ST #2
CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: Secretary
NAME: Julia Friskey
STREET ADDRESS: 2500 NE 36 ST #5
CITY-ST-ZIP: Lighthouse Point, FL 33064
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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 617, 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: *Wendy Markwell* 19th July 2004 954 788 2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #