


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 046 ****61.25

DOCUMENT # 704057
 1. Entity Name
WOODCREST ARMS INC



Principal Place of Business Mailing Address
2500 E SAMPLE RD **2500 E SAMPLE RD**
LIGHTHOUSE POINT FL 33064 **LIGHTHOUSE POINT FL 33064**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1035492** Applied For
 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
RICHARDSON, THOMAS W
2500 E SAMPLE RD
#10
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE (S)	<input type="checkbox"/> Delete
NAME FRISKEY, JULIA	
STREET ADDRESS 2500 NE 36 ST # 5	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME FURST, CAROLYN	
STREET ADDRESS 2500 NE 36 ST #1	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE (SD)	<input type="checkbox"/> Delete
NAME MARKWELL, WENDY	
STREET ADDRESS 2500 NE 36 STREET #11	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE (D)	<input type="checkbox"/> Delete
NAME CIPOLLA, DOMINIC	
STREET ADDRESS 2500 NE 36 ST #4	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE (PD)	<input type="checkbox"/> Delete
NAME LEONE, THOMAS	
STREET ADDRESS 2500 NE 36 ST #2	
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARDSON, THOMAS	
STREET ADDRESS 2500 NE 36 ST. #10	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Thomas W. Richardson Treasurer 1/26/05 954-782-4982
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #