

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 041 \*\*\*\*61.25

**DOCUMENT # N06000010930**

1. Entity Name  
**BELL WOODTURNERS CORPORATION**



Principal Place of Business  
**2719 NW 20TH STREET  
 BELL, FL 32619**

Mailing Address  
**2719 NW 20TH STREET  
 BELL, FL 32619**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5688018**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAYLOR, GARY  
 2719 NW 20TH STREET  
 BELL, FL 32619**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	D REHBERG, CARL 6419 NW 22 COURT BELL, FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, JAMES JR 7340 SW 80TH AVE TRENTON, FL 32693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GARY 2719 NW 20TH STREET BELL, FL 32619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CHARLES 7890 SE 110TH STREET TRENTON, FL 32693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORNERIS, ANTONE 6331 NW 16TH PLACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LEE 27316 SW 87TH AVE NEWBERRY, FL 32669	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Antone L. Forneris, President **(352) 384-0272**  
 \_\_\_\_\_ **4 JAN 07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40000034

\* II. Additions/changes to Officers and Directors

Barbara Canning — S  
8880 SE 71<sup>st</sup> St.  
Newberry, FL 32669

