

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086003

FILED
Jan 11, 2005
Secretary of State

Entity Name: CLASSIC HOTEL WOODWORKS, INC.

Current Principal Place of Business:

3784 DOMESTIC AVE
UNITE B
NAPLES, FL 34104

New Principal Place of Business:

3900 MANNIX DRIVE
UNIT 108
NAPLES, FL 34114

Current Mailing Address:

3784 DOMESTIC AVE
UNITE B
NAPLES, FL 34104

New Mailing Address:

PO BOX 7504
NAPLES, FL 34101

FEI Number: 59-3676411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONNELLA, RUDOLPH
5791 WAXMYRTLE WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONNELLA, RUDOLPH
Address: 5791 WAXMYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ALDRED, JOSEPH III
Address: 22 LONGFELLOW AVE
City-St-Zip: BRUNSWICK, MA 04011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH GONNELLA

D

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date