

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086003

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** CLASSIC HOTEL WOODWORKS, INC.

**Current Principal Place of Business:**

3900 MANNIX DRIVE  
UNIT 108  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7504  
NAPLES, FL 34101

**New Mailing Address:**

**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 exemption stated 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 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: RUDY GONNELLA

D

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date