2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # V12840 1. Entity Name ORIOLE WOODWORKS, INC. Principal Place of Business Mailing Address 16932 W DOWNERS DR LOXAHATCHEE FL 33470 16932 W DOWNERS DR LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State NO-T APPLICABLE Not Applicable Ζiα Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAFER & GILMER CPAS Street Address (P.O. Box Number is Not Acceptable) 251 ROYAL PALM WAY STE 302 PALM BCH FL 33480-4310 Zip Code 9. 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITI F TITLE ☐ Delete 000000320031 04/21/05-80022-012 150.00 KLUKASOFSKI, JERRY NAME NAME 16932 W DOWNERS DR SUBSEL ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP TITLE Change Addition ☐ Defete TITLE NAME KLUKASOFSKI, NICKI NAME STREET ADDRESS 16932 W DOWNERS DR STREET ADDRESS CHTY+ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL Addition Change HILE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TIT**J** F T Change Addition Tille Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP HILE 🔲 Deiete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HILE Change ☐ Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP 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 607, 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.

NICKI KULLAS A SKU NICKI KULLASOFSKI 4-15-05 561.793-1014
SIGNATURE AND TYPED OF PRINTED NINE OF SIGNING OFFICER OR DIRECTOR

Date

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