

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90016 001 ***300.00

DOCUMENT # 176294

1. Entity Name
 TRI-CITY WOOD WORKS, INCORPORATED



Principal Place of Business
 202 OLD DIXIE HIGHWAY
 LAKE PARK, FL 33403-3095 US

Mailing Address
 202 OLD DIXIE HIGHWAY
 LAKE PARK, FL 33403-3095 US

66021963



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0739589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLDS, JOHN
 202 OLD DIXIE HWY
 LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOWLDS, MELISSA 202 OLD DIXIE HWY LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLDS, JOHN 202 OLD DIXIE HWY LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROWDER, CHARLES T 202 OLD DIXIE HIGHWAY LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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.

SIGNATURE: *John Fowlds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-06

561-842-4666

Date

Daytime Phone #