


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90084 011 ***158.75

DOCUMENT # 569847			
1. Entity Name REV. ROBERT'S WOOD CRAFT CONSTRUCTION CORPORATION			
Principal Place of Business 4246 POPLAR WAY P.O. BOX 423031 KISSIMMEE FL 34742		Mailing Address 4246 POPLAR WAY P.O. BOX 423031 KISSIMMEE FL 34742	
2. Principal Place of Business 4246 Poplar Way.		3. Mailing Address 4246 Poplar Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL.		City & State Kissimmee, Fl.	
Zip 34746	Country Osceola	Zip 34746	Country Osceola
4. FEI Number 59-1833892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, ROBERT 4232 POPLAR WAY KISSIMMEE FL 32741		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, ROBERT 4246 POPLAR WAY KISSIMMEE FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

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.

SIGNATURE:  **REAR ROBERT WOOD PRESIDENT** (407)933-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-28-2005 Daytime Phone #