

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667609

Entity Name: ARCHITECTURAL WOOD PRODUCTS, INC.

FILED  
Jan 03, 2005  
Secretary of State

**Current Principal Place of Business:**

2154 J & C BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**  
2154 J & C BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-2022821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LARRISON, CINDY J  
2154 J & C BLVD  
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: P ( ) Delete  
Name: LARRISON, TIM,  
Address: 2918 GILFORD WAY  
City-St-Zip: NAPLES, FL 34119

Title: ST ( ) Delete  
Name: LARRISON, CINDY JO,  
Address: 2918 GILFORD WAY  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: LARRISON, ERIK  
Address: 161-11TH ST NW  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: CINDY J LARRISON

ST

01/03/2005

Electronic Signature of Signing Officer or Director

Date