



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90034 047 \*\*\*150.00

<b>DOCUMENT # F93973</b> 1. Entity Name <b>FINE WOODWORK, INC.</b>					
Principal Place of Business <b>9110 ELLIS RD. C MELB FL 32932</b>				Mailing Address <b>1472 HOLLAND ST MELBOURNE FL 32935</b>	
2. Principal Place of Business <b>9110 ELLIS RD</b> Suite, Apt. #, etc. <b>UNIT "C"</b>		3. Mailing Address <b>1472 HOLLAND ST</b> Suite, Apt. #, etc. 			
City & State <b>West MELB, FL.</b>		City & State <b>MELB, FL.</b>			
Zip <b>32932</b>	Country <b>(FLORIDA)</b>	Zip <b>32935</b>	Country <b>(FLORIDA)</b>	4. FEI Number <b>59-2259509</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JORGE, FREDDY M 1472 HOLLAND ST MELBOURNE FL 32935</b>			7. Name and Address of New Registered Agent Name <b>FREDDY M. JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1472 HOLLAND ST</b> City <b>MELB, FL</b> Zip Code <b>32935</b>		
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 <b>3-24-06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JORGE, ELSIE 1472 HOLLAND ST MELBOURNE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JORGE, FREDDY M 1472 HOLLAND ST MELBOURNE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JORGE, MICHAEL 715 ANITA DRIVE MELBOURNE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-06**

Date

**254-0059**

Daytime Phone #