

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F93973

1. Entity Name
FINE WOODWORK, INC.



Principal Place of Business

**9110 ELLIS RD.
C
MELB, FL 32932**

Mailing Address

**1472 HOLLAND ST
MELBOURNE, FL 32935**

DO NOT WRITE IN THIS SPACE



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2259509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JORGE, FREDDY M
1472 HOLLAND ST
MELBOURNE, FL 32935**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

4000000661450
03/20/07-80041-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
JORGE, ELSIE
1472 HOLLAND ST
MELBOURNE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JORGE, FREDDY M
1472 HOLLAND ST
MELBOURNE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
JORGE, MICHAEL
715 ANITA DRIVE
MELBOURNE, FL**

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 607, Florida Statutes, and that 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 effect as if I had signed it 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

2-17-07

Date

321-254-0059

Daytime Phone #

**PLEASE SIGN,
DATE & MAIL**