## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

| Mailing Accretes 2033 MAN ST. STE 600 SSARSOTA FL 34237 US SARROSTA FL 34237 US Cir. 4. State No. Kont. 5. FL No. Kont. 5.      | DOCUMENT # J10946  1. Entity Name BAY WOODWORKING, INC.                              |                       |                          |                   |                        |                       |   |  | 05-03-2004 9   | 90455 026  | 5 ***150.                                     | .00   |
|--|--|-----------------------|--------------------------|-------------------|------------------------|-----------------------|---|--|--|--|---|---|
| Suize, Apr 4, etc.  Suize,     | 2033 MAIN ST. 2033 MAIN ST. STE 600  |                       |                          |                   |                        |                       |   |  |  |  |   |   |
| City & State Nokomis PL City & State Nokomis PL City & State Nokomis PL Nokom     | 2. Principal Place of Business 413 E. Laurel Rd. 3. Mailing Address 413 E. Laurel Rd |                       |                          |                   |                        |                       | 1.  |  |  |  |   |   |
| Nokomis, FL    Sp.   County   -34275   County   -34277   County        | Suite, Apt. #, etc. Suite, Apt. #, etc.  |                       |                          |                   |                        |                       |   | 04292004   | Chg-P  | CR2E0  | 34 (10/03)                                    |   |
| 34275   SCertificate a Status Desired   SCertificate a Status Desired   Section          |  |                       |                          |                   |                        |                       |   |  |  |  |   |   |
| PFLUGNER, J.GEOFFREY 2033 MAIN ST. STE 600 SARASOTA, FL 34237  City FL Zip Code  8. The above named entity submits this sitatement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fortida. I am Hamiliar wich, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITE FEE IS \$150.00  After May 1, 2004 Fee will be \$\$50.00  Post Fund Contribution.  Intit BY D. SMITH, KEVIN SIGNATURE  PSD SMITH, KEVIN SIGNATURE  OCRESS AND DIRECTORS IN 1  THE NAME SIREE ADDRESS CITY-ST-2P  THE NA  |  |                       | Country                  |                   |                        | itry                  |   |  |  | \$8.75 Additional Fee Required                     |   |   |
| Sireel Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  And accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOWIL! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  SMITH, KEVIN  SMITH ACRESS  SMITH ACRESS |  | 6. Name               | and Address of Curi      | rent Registe      | red Agent              |                       | Name  | 7. Name an   | d Address of New F   | Registered A                                       | gent  |   |
| Ent. Process of registered agent.  Signature:  Signatu     | 2033 MAIN ST.<br>STE 600   |                       |                          |                   |                        |                       |   |  |  |  |   |   |
| 8. The above named entity submits this statement for me purpose of changing its registered algent, or both, in the State of Forlda. I am familiar with, and accept the obligations of registered agent.    Signature   | SARASOTA, FL 34237   |                       |                          |                   |                        |                       | City  | <u> </u>   |  | Fi   | Zip Cod                                       | e   |
| SIGNATURE  Symbols. Special or printed water of imparence agent also set it is believed by the state of imparence agent also set it is believed.  FILE NOWI!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Carrepsign Financing Trust Fund Contribution.  TILE PSD TRUST FUND CONTRIBUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SMITH, KEVIN SMITH, KEVIN NAME SIRET ADDRESS CITY-S1-2P  TILE SIRET    |  |                       |                          | nt for the pu     | rpose of changing its  | regișter              | ed office ar regi                                       | istered agent, or b  | oth, in the State of Fi  |  | amiliar with,                                 | and accept                                      |
| FILE-NOWI! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  PSD SITE! ADDRESS OTI'-SI-2P  TILE NAME SITE! ADDRESS OTI'-SI-2P  TILE OTI'-SI-2P  T   |  |                       |                          |                   |                        |                       |   |  |  |  |   |   |
| After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SMITH, KEVIN  STREET ADDRESS  GITY-ST-2P  NOKOMIS, FL 34275  TITLE  NAME  SIREET ADDRESS  GITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  Delete  Delete  TITLE  Delete    |  |                       |                          |                   |                        |                       |   |  |  | DATE   |   |   |
| TITLE NAME SMITH, KEVIN NAME SMITH, KEVIN NAME SMITEH ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275  TITLE NAME SIREE ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275  TITLE NAME SIREE ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275  TITLE NAME SIREE ADDRESS CITY-ST-ZIP NOTES CITY-ST-ZIP Delete TITLE NAME SIREE ADDRESS CITY-ST-ZIP OPERATE ADDRESS CITY-ST-ZIP OPERAT     |  |                       |                          |                   |                        |                       |   |  |  |  |   |   |
| NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRE     |  |                       | OFFICERS A               | AND DIRECT        |                        | _                     |   | ADDITIONS  | /CHANGES TO OFF  | ICERS AND  |   |   |
| TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP  Addition SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP  Addition SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP Addition SIRET ADDRESS      | NAME<br>STREET ADDRESS   | SMITH, K<br>413 E. LA | UREL ROAD                |                   | ☐ Delete               | NAM<br>STRE           | E<br>ET ADDRESS   |  |  | ٠  | ☐ Change                                      | ☐ Addition                                      |
| CITY-ST-ZIP  TITLE    Delete   TITLE   NAME      | NAME   | `.                    | ,                        | :                 | ☐ Delete               | NAM                   | ε   |  |  |  | Change  | ☐ Addition                                      |
| NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS     |  |                       | \$<br>                   |                   |                        |                       |   |  |  |  |   | <u>. 27 t                                  </u> |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:  Kevin Smith  04/29/04  (941)488–0385   | NAME<br>STREET ADDRESS   |                       |                          |                   | ☐ Delete               | NAM<br>STRE           | ET AOORESS  |  |  |  | Change  | Addition  |
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| Signature:   | of the cor   | poration or tl        | ne receiver or trustee e | empowered t       | to execute this report | as requi              | mption stated in<br>ture shall have t<br>red by Chapter | n Section 119.07(3<br>the same legal effe<br>607, Florida Statut | (i), Florida Statutes,<br>ct as if made under<br>es; and that my nam | I further certi<br>oath; that I ar<br>e appears in | ly that the in<br>n an officer<br>Block 10 or | nformation<br>or director<br>Block 11 if        |
| SKINATURE AND TYPED DE RENTER NAME OF SKINNIG DISKIPP OF CORECTOR Date Of the Control of the Con     | SIGNAT   | URE: _                | SIGNATURE AND FORCE      | OR DESIGNATION OF |                        |                       |   | 04/  | 29/04  |  | ) 488-  | 0385  |