

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 11, 2004 08:00 AM

Secretary of State

DOCUMENT # J27533 1. Entity Name CRITERION WOODWORKS, INC.	
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Principal Place of Business 625 23RD STREET SOUTH ST. PETERSBURG, FL 33712	Mailing Address 625 23RD STREET SOUTH ST. PETERSBURG, FL 33712
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DO NOT WRITE IN THIS SPACE

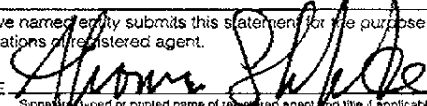


03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2765138	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAHADE, THOMAS M. 625 23RD STREET SOUTH ST. PETERSBURG, FL 33712	DO NOT WRITE IN THIS SPACE
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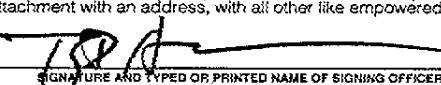
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  Signature typed or printed name of registered agent, and title if applicable	THOMAS SHAHADE (NOTE: Registered Agent signature required when re-stating)	3-9-04 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAHADE, THOMAS M. 6832-114TH STREET NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANSON, RICHARD D. 5220 8TH AVENUE N ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**

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03/11/04-80028-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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	Richard Hanson	3/8/04 227-321-0217 Date Daytime Phone #