

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2005-90080-035-\$150.00-\$150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                                                                                                                          |                                                    |                                                                                                          |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # J84292</b><br>1. Entity Name<br><b>J. DILLON WOODCRAFTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                                                                                                                                                                                                          |                                                    | <b>FILED</b><br><br><b>05 OCT 10 AM 10:28</b><br><br>DEPARTMENT OF STATE<br>TALLAHASSEE, FLORIDA<br><br> |                                                                              |
| Principal Place of Business<br><b>600 WILMA ST<br/>LONGWOOD, FL 32750 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | Mailing Address<br><b>600 WILMA ST<br/>LONGWOOD, FL 32750 US</b>                                                                                                                                                         |                                                    | 04202005    Chg-P    CP2E034 (10/03)                                                                     |                                                                              |
| 2. Principal Place of Business<br><b>1015 Asheville Hwy</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | 3. Mailing Address<br><b>1015 Asheville Hwy</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                    |                                                    |                                                                                                          |                                                                              |
| City & State<br><b>Pisgah, NC</b><br><small>Zip      Country</small><br><b>28768</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | City & State<br><b>Pisgah, NC</b><br><small>Zip      Country</small><br><b>28768</b>                                                                                                                                     |                                                    |                                                                                                          |                                                                              |
| 4. FEI Number<br><b>59-2848699</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | Applied for<br><input type="checkbox"/> Not Applicable                                                                                                                                                                   |                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>DILLON, JOHN<br/>419 EAGLE CIRCLE<br/>CASSELBERRY, FL 32707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           | 7. Name and Address of New Registered Agent<br>Name <b>John Dillon</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>851 E. Highway 434, #206</b><br>City <b>Longwood</b> State <b>FL</b> Zip <b>32750</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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.      NOTE: Registered Agent signature required when renewing.      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                                                                                                                                                                          |                                                    |                                                                                                          |                                                                              |
| <b>FILE NOW!!! FEE (\$ \$150.00<br/>After May 1, 2005 Fee will be \$550.00)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                           |                                                    |                                                                                                          |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                                                                                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN |                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>DILLON, JOHN A.<br>419 EAGLE CIR.<br>CASSELBERRY, FL | <input type="checkbox"/> Delete                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>John Dillon<br>1015 Asheville Hwy<br>Pisgah, NC 28768                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | Date <b>4/27/05</b>                                                                                                                                                                                                      |                                                    |                                                                                                          |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR SECRETARY      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                                                                                                                                                                                                          |                                                    |                                                                                                          |                                                                              |

***J. DILLON WOODCRAFTERS, Inc.***  
***1015 Asheville Highway***  
***Pisgah, NC 28768***

September 30, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: J84292

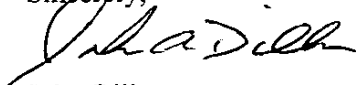
To Whom It May Concern:

Per our telephone discussion please find enclosed a copy of the letter from the Division of Corporations dated May 19, 2005, a copy of the revised Uniform Business Report and a letter dated May 27, 2005.

It has come to our attention that our Corporation is inactive. Please be advised that upon receipt of your later dated May 19, 2005 we revised the Uniform Business Report and mailed it with a letter on May 27, 2005 to the Division of Corporations. We respectfully request that the \$400.00 late fee be waived as we did, in fact, mail the letter and revised Uniform Business Report on May 27, 2005.

Should you have any questions please do not hesitate to contact us.

Sincerely,



John Dillon  
President