


**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # K15540</b> 1. Entity Name <b>WOODWORKS FRAME CARPENTRY, INC.</b>	
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Principal Place of Business <b>4939-26TH AVE., S.E. NAPLES, FL 34117 US</b>	Mailing Address <b>4939-26TH AVE., S.E. NAPLES, FL 34117 US</b>
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**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0044528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GUNDECK, SCOTT  
4939 26TH AVE S.E.  
NAPLES, FL 34117**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Block 8 applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000135435  
04/28/04-80061-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDECK, SCOTT 4939 26TH AVE. S.E. NAPLES, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/23/04** (239) 8259662  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date