**2007 FOR PROFIT CORPORATION** ANNUAL REPORT (ART

## Mar 19, 2007 8:00 am Secretary of State DOCUMENT # L87183 1. Entity Namo 02-26-2007 90085 043 \*\*\*150.00 WOODWORKING INDUSTRIAL SUPPLIES AND EQUIPMENT, INC. Mailing Address Principal Place of Business 13170 - 92ND ST N. 13170 - 92ND ST N. D000000 **LARGO FL 33773 LARGO FL 33773** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3019798 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLANT, DENNIS Stroot Address (P.O. Box Number is Not Acceptable) 13170 92ND ST NO **LARGO FL 33773** Zin Code 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 rinms of registered agent and title c applicable (NOTE, Birgistered Agant appraisan required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 Delete RIDE TITLE ☐ Change Addition GALLANT, DENNIS NAM NAMI 13170 92ND ST N SUBJECT ADDRESS STREET ADDRESS **LARGO FL 33773** CHY-SI-7IP CHY SI 709 ☐ Delete 1100 ☐ Change ☐ Addition NAM NAMI STIFF ( ADDRESS SIRLL LADDIN SS CITY-S1-7IP CITY SE 7IP ☐ Delete OHE HILL ☐ Change ■ Addition NAM STIRLL LADDRESS SHELL ADDRESS CHY SI-ZIP CHY St 7P Defele Addition NAMI MASS STREET ADDRESS SOME CADORESS CITY ST //P CITY ST AP 111115 ☐ Delete 16111 Change Addition NAME NAMI STOLET ADDRESS STREET ADDRESS CHY-S1-ZP CHY ST ZIP T1111 ☐ Delete mn ☐ Chande Addition NAME STREET ADORESS SIBIL LADOM SS CITY ST-7P CHY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 early that I am an officer or director of the corporation or the receiver of sustee 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 withpan address, with all other the empowered. SIGNATURE:

FILED