



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90098 027 \*\*\*\*61.25

<b>DOCUMENT # N24375</b> 1. Entity Name <b>MAPLE LEAF-ESSTATES WOODWORKERS CLUB, INC.</b>					
Principal Place of Business <b>2100 KINGS HIGHWAY PT. CHARLOTTE, FL 33980</b>			Mailing Address <b>2100 KING'S HWY UNIT 884 PORT CHARLOTTE, FL 33980</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2100 KING'S HWY</b> Suite, Apt. #, etc. <b>Unit 807</b>			
City & State _____		City & State <b>PORT CHARLOTTE, FL.</b>		4. FEI Number <b>65-0222638</b>	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LARSEN, POUL 2100 KINGS HWY #884 PT. CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent Name <b>LARSEN POUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 KING'S HWY, UNIT 807</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33980</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: <u><i>Paul Larsen</i></u> <b>PAUL LARSEN</b> DATE: <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RICHARDSON, JOHN 2100 KING'S HWY #824 PT. CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MCDONALD, CATHY 2100 KING'S HWY #443 PT. CHARLOTTE, FL 33980</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LARSEN, PAUL 2100 KINGS HWY #884 PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BOIRE, DIANE 2100 KINGS HWY, #310 PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV KENT HALL (HALL, KENT) 2100 KING'S HWY #296 PORT CHARLOTTE FL. 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2100 KING'S HWY #807</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 617, 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.					
<b>SIGNATURE:</b> <u><i>Paul Larsen</i></u> <b>PAUL LARSEN</b> Date: <u>Mar 10/05</u> Daytime Phone #: <u>941-629-8519</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					