


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N24375</b> 1. Entity Name <b>MAPLE LEAF ESSTATES WOODWORKERS CLUB, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>37 DEC 12 AM 10:36</b>	
Principal Place of Business <b>2100 KINGS HIGHWAY PT. CHARLOTTE, FL 33980</b>				Mailing Address <b>2100 KINGS HIGHWAY UNIT 807 PT. CHARLOTTE, FL 33980</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0222638</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LARSEN, POUL 2100 KINGS HWY #807 PT. CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent Name <b>JAMES SHIRLEY</b> Street Address (P.O. Box Number is Not Acceptable) # <b>2100 KINGS HWY # 1086</b> City <b>PT 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>J Shirley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	PD LAMBIASE, ROBERT 400 KING'S HWY #5831 PT. CHARLOTTE, FL 33980			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>100113079551</b> <b>12/12/07--01039--003 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LARSEN, PAUL 2100 KINGS HWY #807 PORT CHARLOTTE, FL 33980			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DT. JAMES SHIRLEY</b> <b>2100 KINGS HWY # 1086</b> <b>PORT CHARLOTTE FL 33980</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LACROIX, DORIS 400 KING'S HWY # 709 PORT CHARLOTTE, FL 33980			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, KENT 2100 KINGS HWY #296 PORT CHARLOTTE, FL 33980			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"/> Delete			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"/> Delete			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 exemptions contained in Chapter 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 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.							
SIGNATURE: <u><i>J Shirley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>Dec 6, 2007</b> 941-625-3238 <small>Daytime Phone #</small>			