

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90342 027 ***150.00

DOCUMENT # P00000002589

1. Entity Name

WOODCRAFT DESIGNS, INC.



Principal Place of Business

869 PEACOCK CIRCLE
YOUNGSTOWN FL 32466
US

Mailing Address

869 PEACOCK CIRCLE
YOUNGSTOWN FL 32466
US

2. Principal Place of Business

2627 Transmitter Rd
Suite, Apt. #, etc.

3. Mailing Address

869 Peacock Circle
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Panama City FL

City & State

Youngstown FL

4. FEI Number

59-3626590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, WILLIAM J
869 PEACOCK CIRCLE
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

William J. Nolan

(NOTE: Registered Agent signature required when reinstating)

4-21-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NOLAN, WILLIAM J
STREET ADDRESS 869 PEACOCK CIRCLE
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

TITLE ST
NAME NOLAN, GLENDA S
STREET ADDRESS 869 PEACOCK CIRCLE
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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:

Glenda S. Nolan

4-21-05 850 747-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #