

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059180

Entity Name: WOOD-WARE, INC.

FILED
Jan 12, 2004
Secretary of State

Current Principal Place of Business:

2628 SURFSIDE BOULEVARD
CAPE CORAL, FL 33914 FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100746
CAPE CORAL, FL 33910 FL

New Mailing Address:

FEI Number: 65-1018525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEINIG, DANIEL
2628 SURFSIDE BLVD
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

GLEINIG, DANIEL
2628 SURFSIDE BLVD
CAPE CORAL, FL 33914 US

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.

SIGNATURE: DANIEL GLEINIG

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GLEINIG, DANIEL
Address: 2628 SURFSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: P () Delete
Name: GLEINIG, SABINE I
Address: 2628 SURFSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL GLEINIG

V

01/12/2004

Electronic Signature of Signing Officer or Director

Date