


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90003 029 \*\*\*150.00

<b>DOCUMENT # P00000063132</b>	
1. Entity Name <b>MILLWORKS OF ORLANDO, INC.</b>	

Principal Place of Business <b>1453 BRIDLEBROOK DRIVE CASSELBERRY, FL 32707</b>	Mailing Address <b>1453 BRIDLEBROOK DRIVE CASSELBERRY, FL 32707</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3659455</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MANAFIELD, ANDREW A 1453 BRIDLEBROOK DRIVE CASSELBERRY, FL 32707</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANSFIELD, ANDREW A 1453 BRIDLEBROOK DRIVE CASSELBERRY, FL 32707</b> <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
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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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**H.L. Mansfield**

**6-10-05**  
Date

**407-927-3456**  
Daytime Phone #

# ATTACHMENT

40087972  
#P00000063132

Millworks of Orlando, Inc.  
3824 Sutters Mill Circle  
Casselberry, FL 32707  
407-927-3656

June 1, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Attached you will find our 2005 Annual Report. We are asking that you waive all late fees due to the fact that, just as the previous year 2004, we never received the notice to file. As of 2004, the business had changed the mailing address and as of that time, we do not receive any notification from your office in regards the annual report. As soon as we realized that we were beyond the due date, I downloaded our form off of the Internet and am now sending in the report. If there are any problems or questions, please contact me at the number listed above. Thank You.

Sincerely,

Heather Mansfield