2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104580

1. Entity Name

SRS ARCHITECTURAL WOODWORK CORP.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business

2960 NW BOCA RATON BLVD

#4

BOCA RATON, FL 33431

Mailing Address

2960 NW BOCA RATON BLVD

#4

BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1053196

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONTAGNE, RICHARD 2960 NW BOCA RATON BLVD #4 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the place of registered agent.	urpose of changing its register	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered A			d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PSTD LAMONTAGNE, RICHARD 2960 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431			UNONNA327873 (14/25/05—80054—018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRVENT LAMONTAGNE, MARIA 2960 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431	100		:
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12. I hereby certify that the information supplied with this filling 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 appress with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECT

LARD LAMORAGE

4/7/05

954-749-8802