

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000108703**

1. Entity Name  
WOOD CREATIONS OF CENTRAL FLORIDA, INC.



**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

2011 E LAKE DRIVE  
ZELLWOOD, FL 32798

Mailing Address

2011 E LAKE DRIVE  
ZELLWOOD, FL 32798



01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3685463

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, DONALD L SR  
2011 E LAKE DRIVE  
ZELLWOOD, FL 32798

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000064325  
02/24/04-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBBS, DONALD L
STREET ADDRESS	2011 E LAKE DRIVE
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	D
NAME	GIBBS, ARLENE M
STREET ADDRESS	2011 E LAKE DRIVE
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Arlene Gibbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/04*

Date

*407-886-3577*

Daytime Phone #