


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 013 ***150.00

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|--|--|---------------------|---|--|--|
| DOCUMENT # P01000067208 1. Entity Name CUSTOM WOOD WORKING INC. | | | |  | |
| Principal Place of Business 10 SW 23 STREET BAY 9+10 FT LAUDERDALE, FL 33315 | | | Mailing Address 10 SW 23 STREET BAY 9+10 FT LAUDERDALE, FL 33315 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1116002 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LIVERPOOL, RUTH LASS ACCTG & BUS. SERVICES INC 8428 W OAKLAND PARK BLVD SUNRISE, FL 33351 | | | | Name Anton Topole Street Address (P.O. Box Number is Not Acceptable) 808 S.W. 25th Street City Fort Lauderdale, FL 33315 | |
| 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: <u><i>Anton Topole</i></u> 4-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | <input type="checkbox"/> Delete TOPOLE, ANTON E 10 SW 23 STREET BAY 9+10 FT LAUDERDALE, FL 33315 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anton Topole 808 S.W. 25th Street Fort Lauderdale, FL 33315 | |
| 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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| 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: <u><i>Anton Topole</i></u> | | | Date: <u>4-6-05</u> Daytime Phone # | | |