


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**


04-26-2004 90495 009 \*\*\*150.00

<b>DOCUMENT # P02000012386</b>	
1. Entity Name <b>AMERICAN MILLWORKS AND WOOD FIXTURES INC.</b>	

Principal Place of Business <b>71 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>71 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327</b>
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54039692



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>80-0032920</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>Ferrell Thomas B. President</b> <del>JOHNSON, CLAUDE T JR</del> <b>71 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327</b>
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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 Thomas B. Ferrell DATE 4-14-04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JOHNSON, CLAUDE T JR</del> <b>EXCLUDED FROM CORPORATION</b> <del>71 PASSION FLOWER LANE</del> <del>CRAWFORDVILLE, FL 32327</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TITLE CHANGED TO PRESIDENT</b> <b>FERRELL, THOMAS B</b> <b>71 PASSION FLOWER LANE</b> <b>CRAWFORDVILLE, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Thomas B. Ferrell DATE 4-14-04 850-926-2752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR