

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022355

1. Entity Name  
FLORIDA ARCHITECTURAL MILLWORK, INC



Principal Place of Business  
930 FERN ST UNIT D  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
930 FERN ST UNIT D  
ALTAMONTE SPRINGS, FL 32701

FILED  
10 APR 12 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02172010 No Chg-P CR2E034 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 32-0010009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KARAPIPERIS, PETROS  
930 FERN ST UNIT D  
ALTAMONTE SPRINGS, FL 32701

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature: Typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2010 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KARAPIPERIS, PETROS
STREET ADDRESS	930 FERN ST UNIT D
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100175181001  
04/09/10--01034--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Petros Karapi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/10 407-339-8300  
Date Daytime Phone