

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062169

Entity Name: IT'S ALL WOOD, INC.

FILED  
Mar 15, 2005  
Secretary of State

## Current Principal Place of Business:

12021 MESSLER RD.  
GIBSONTONT, FL 33534

## New Principal Place of Business:

5129 TRENTON STREET  
TAMPA, FL 33619

## Current Mailing Address:

P.O. BOX 1421  
RIVERVIEW, FL 33568

## New Mailing Address:

FEI Number: 04-3679200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWILK, RALF  
12021 MESSLER RD.  
GIBSONTONT, FL 33534 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOLLIDAY, JAMES  
Address: 13346 LARAWAY DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: VSTD (X) Delete  
Name: SCHWILK, RALF  
Address: 12021 MESSLER RD.  
City-St-Zip: GIBSONTONT, FL 33534

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHWILK, RALF A  
Address: 12021 MESSLER ROAD  
City-St-Zip: GIBSONTONT, FL 33534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALF A SCHWILK

PD

03/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date