

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 042 ***150.00

DOCUMENT # P02000089714

1. Entity Name

RUSSELL WOODWORKING, INC.



Principal Place of Business

4221 FALCON RUN LN
MIDDLEBURG FL 32068

Mailing Address

4221 FALCON RUN LN
MIDDLEBURG FL 32068



2. Principal Place of Business

20 Knight Boxx Road

Suite, Apt. #, etc.

Suite #110

City & State

Orange Park, FL

Zip

32065

Country

Clay

3. Mailing Address

20 Knight Boxx Road

Suite, Apt. #, etc.

Suite #110

City & State

Orange Park, FL

Zip

32065

Country

Clay

1st MOORE

CR2E034 (10/05)

4. FEI Number

22-3862944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DENISE M
4221 FALCON RUN LANE
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 correlating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSELL, ANTHONY A	
STREET ADDRESS	4221 FALCON RUN LN	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, DENISE	
STREET ADDRESS	4221 FALCON RUN LN	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Denise M. Russell

Denise M. Russell

Date

Daytime Phone

4/4/06 (904) 226-4883