

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021642

FILED
Apr 18, 2005
Secretary of State

Entity Name: LEWIS ADKINS WOODWORKS, CORP.

Current Principal Place of Business:

220 NW 46TH ST.
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

220 NW 46TH ST.
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 86-1086078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LEWIS R
4829 DOLPHIN DR.
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

SCOLARICI, JOE
220 NW 46TH ST.
FORT LAUDERDALE, FL 33309 US

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: JOE SCOLARICI

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, LEWIS R
Address: 4828 DOLPHIN DR.
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP () Delete
Name: ADKINS, PATRICIA S
Address: 4828 DOLPHIN DR.
City-St-Zip: LAKE WORTH, FL 33463 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, LEWIS R
Address: 321 MAIN ST
City-St-Zip: SABASTIAN, FL 32958 US

Title: VP (X) Change () Addition
Name: ADKINS, PATRICIA S
Address: 321 MAIN ST
City-St-Zip: SABASTIAN, FL 32958 US

Title: D () Change (X) Addition
Name: SCOLARICI, JOE
Address: 220 NW 46TH ST
City-St-Zip: FORT LAUDERDALE, FL 33309

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: LEWIS R ADKINS

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date