


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000068605
1. Entity Name
WOODCRAFT CUSTOM DESIGNERS, INC.



Principal Place of Business Mailing Address
5415 NW 15TH ST, UNIT 3-32 5415 NW 15TH ST, UNIT 3-32
MARGATE, FL 33063 MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
33-1062068 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARDELLA, JOSEPH D
5336 NW 106TH DR
CORAL SPRINGS, FL 33076

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, ALLYN
STREET ADDRESS	3931 NW 108TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000228691
02/15/05-80007-010 150.00

**DO NOT WRITE
IN THIS SPACE**

Paul
2/11/05
CK 2400

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *S Schmidt* 2-11-05 954-971-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #