

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000081495

1. Entity Name  
C.G. WOODWORKING, INC.



Principal Place of Business  
1842 PATTERSON AVE  
DELAND, FL 32724

Mailing Address  
1440 VALE CIRCLE  
DELTONA, FL 32738

FILED  
07 SEP 26 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
20-0092082  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SAPIRMAN-SCHREIBER, GLENDA M  
1440 VALE CIRCLE  
DELTONA, FL 32738

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: *Glenda Sapiрман-Schreiber*  
Signature, typed or printed name of registered agent and title if applicable.

9/21/07  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAPIRMAN-SCHREIBER, GLENDA M	
STREET ADDRESS	1440 VALE CIRCLE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHREIBER, CHARLES C	
STREET ADDRESS	1440 VALE CIRCLE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/02/07--01037--003 \*\*150.00

9/21/07

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:

*Glenda Sapiрман-Schreiber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/07  
Date

386 594-5467  
Daytime Phone #

9/1/07

Division of Corp

Gentlemen.

Please accept this check for \$150<sup>00</sup>  
for my corp. We have been closed  
& out of business during the past 3  
months due to illness.

Please understand that there was no  
income & no business.

We are trying to get back to work.

Thank you

Glenda Schuck

CS Woodworking Inc 1440 Volo Circle  
PO 300008195 Deltona FL 32738