2004 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P03000117764 PREMIER MILLWORK OF FLORIDA, INC.

Mailing Address

3470 CLUB CENTER BOULEVARD NAPLES, FL 34114

Principal Place of Business

3470 CLUB CENTER BOULEVARD NAPLES, FL 34114

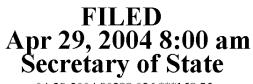
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

14011868

4/15/04

Date

(239) 732-9400 Daytime Phone #



04-29-2004 90288 026 ***158.75

Suite, Apt.	#, etc.		Suite, Apt. #, etc.		01072004	С	hg-P	С	R2E03	34 (10/03)			
City & State	e		City & State			4. FEI Numb	20-	085	04	85	<u> </u>	oplied For ot Applicable	
Zip		Country	Zip	Zip Country			5. Certificate			ď	Y \$	8.75 Add ee Require	
	6. Name	and Address of Current Reg	istered Agent				7. Name and	d Addre	ss of New	Regist	ered A	gent	
		V 1500			Name								
WOODWARD, MARK J ESQ. 3200 TAMIAMI TRAIL NORTH SUITE 200		ļ	Street Add	dress (I	P.O. Box Numb	oer is No	ot Acceptab	ole)					
NAPLES,													
					City						FL	Zip Cod	e
		y submits this statement for the	purpose of changing its r	egistere	d office or r	egister	ed agent, or bo	oth, in th	e State of F	-lorida.	l am fa	amiliar with,	and accept
tne obligat I	ions of regist	ered agent,											l
SIGNATURE.													
	Signature, typed	or printed name of registered agent and til	le if applicable. (NOTE:	Registered	Agent signature	required	when reinstating)				DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
10		OFFICERS AND DIR	TCTORS	11.			ADDITIONS	CHAN	CES TO OF	CICED	E AND	DIRECTOR	C INL 11
10.	PD	OFFICERS AND DIN	Delete	TITLE			ADDITIONS	CHAN	GES TO OF	TICEN		Change	Addition
NAME	1	D. AUBREY J	L Delete	NAME	1							change	
STREET ADDRESS	1	B CENTER BOULEVARD		1	T ADDRESS								
CITY-ST-ZIP	NAPLES,	FL 34114		CITY-	ST-ZIP								į
TITLE	VD		☐ Delete	TITLE								☐ Change	Addition
NAME	DINARDO), ANTHONY		NAME									
STREET ADDRESS	3470 CLU	B CENTER BOULEVARD		1	T ADDRESS								
CITY-ST-ZIP	 	FL 34114		CITY-	ST-ZIP								
TITLE	TD		☐ Delete	TITLE								Change	Addition
NAME	PARISI, J	:		NAME	ET ADDRESS								l
STREET ADDRESS CITY-ST-ZIP	j	B CENTER BOULEVARD FL 34114			ST-ZIP								
	SD SD	FL 34114	☐ Delete	TITLE								☐ Change	Addition
TITLE NAME	1	ARD, MARK J	□ Delete	NAME)							C Cridings	
STREET ADDRESS		MAMI TRAIL N. SUITE 200			ET ADDRESS								ĺ
CITY-ST-ZIP	NAPLES,	FL 34103		CITY-	ST-ZIP								
TITLE			☐ Defete	TITLE								☐ Change	Addition
NAME			— - -	NAME	:								
STREET ADDRESS					ET ADDRESS								1
CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP								
TITLE			☐ Delete	TITLE								☐ Change	☐ Addition
NAME	1			NAME									
STRFET ADDRESS CITY+ST-ZIP]				ET ADDRESS ST-ZIP								ĺ
		- 1 1 - 1 - 1 - 1 - 1	Cities alone of the City			4 in 0	-6 440.0700	V() = -	de Ct-t-t-	1 5		if that the	of armetics
i of the cor	rboration or ti	e information supplied with this rt or supplemental report is true ne receiver or trustee empower achment with an address, with	ed to execute this report a	ure exer y signati is requir	nption state ure shall haved by Chap	o in Se ve the s ter 607	ciion +19.07(3 same legal effe , Florida Statut)(i), Flori ect as if i les; and	made under that my nar	r oath; me apr	that I as bears in	n an officer Block 10 o	or director r Block 11 if

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Joseph Livio Parisi, Director