

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90288 026 ***158.75

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1. Entity Name
PREMIER MILLWORK OF FLORIDA, INC.

Principal Place of Business **Mailing Address**
3470 CLUB CENTER BOULEVARD **3470 CLUB CENTER BOULEVARD**
NAPLES, FL 34114 **NAPLES, FL 34114**

14011868



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number **Applied For**
55-0850485 **Not Applicable**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J ESQ.
3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	FERRARO, AUBREY J
STREET ADDRESS	3470 CLUB CENTER BOULEVARD
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	VD <input type="checkbox"/> Delete
NAME	DINARDO, ANTHONY
STREET ADDRESS	3470 CLUB CENTER BOULEVARD
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	TD <input type="checkbox"/> Delete
NAME	PARISI, JOSEPH L
STREET ADDRESS	3470 CLUB CENTER BOULEVARD
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	SD <input type="checkbox"/> Delete
NAME	WOODWARD, MARK J
STREET ADDRESS	3200 TAMIAMI TRAIL N. SUITE 200
CITY-ST-ZIP	NAPLES, FL 34103
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
NAME	
STREET ADDRESS	
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 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 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: *Joseph Livio Parisi* **4/15/04** **(239) 732-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph Livio Parisi, Director