

FILED
May 04, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000127818 1. Entity Name CH WOODWORKS, INC.		
Principal Place of Business 4784 BONAIRE CAY DESTIN, FL 32541	Mailing Address 4784 BONAIRE CAY DESTIN, FL 32541	
DO NOT WRITE IN THIS SPACE		(P03000127818P) 02032005 No Chg-P CR2E034 (10/03)
		4. FEI Number 20-0458120 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAMES, CHARLES L 4784 BONAIRE CAY DESTIN, FL 32541		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 re-installing) _____ 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMES, CHARLES L 4784 BONAIRE CAY DESTIN, FL 32541	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Charles L. Hames</u> <u>Charles L. Hames</u> <u>4/27/05</u> <u>(850) 217-2679</u> SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR		Date Daytime Phone #