## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000127873 1. Entity Name ANDREW WOOLF CARPENTRY SERVICE, INC. Principal Place of Business Mailing Address 494 DRUID CIRCLE 494 DRUID CIRCLE ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 92-0194778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WOOLF, ANDREW DO NOT WRITE 494 DRUID CIRCLE ORMOND BEACH, FL 32176 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE U00000357083 WOOLF, ANDREW NAME 05/04/05-80061-006 150.00 494 DRUID CIRCLE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

**FILED**