


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # P03000137752 1. Entity Name PETER L. ARONIN FINE WOODWORKING, INC.	
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Principal Place of Business 5624 LAWTON DR. SARASOTA, FL 34233	Mailing Address 5624 LAWTON DR. SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



07302007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1193830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONIN, PETER L
 4734 OLD FARM RD.
 SARASOTA, FL 34233

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARONIN, PETER L 4734 OLD FARM RD. SARASOTA, FL 34233
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 08/17/07-20005-007 150.00

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:  PETER L. ARONIN X 8-8-07 941 927 3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #