


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000137752</b> 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**



08012008 No Chg-P CR2E034 (11/05)

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

<b>6. Name and Address of Current Registered Agent</b>  ARONIN, PETER L 4734 OLD FARM RD. SARASOTA, FL 34233	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

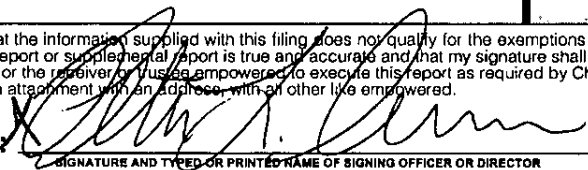
SIGNATURE \_\_\_\_\_ U00000957008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 08/04/08-80003-025 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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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 or other like empowered.

**SIGNATURE:**  **8-1-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #