


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000139261 1. Entity Name WOODCRAFT INTERIOR TRIM CARPENTRY, INC.	
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Principal Place of Business 389 NORWOOD AVENUE SATELLITE BEACH FLORIDA, FL 32937	Mailing Address 389 NORWOOD AVENUE SATELLITE BEACH FLORIDA, FL 32937
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04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0437112	Applied For <input type="checkbox"/> (Not Applicable)
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPENCER, DARRYL 389 NORWOOD AVENUE SATELLITE BEACH, FL 32937	
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Handwritten signature of Darryl Spencer

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, DARRYL L 389 NORWOOD AVENUE FLORIDA, FL 32937
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04/25/05-80158--021 150.00

Handwritten signature of Darryl Spencer

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: *Darryl Spencer* DARRYL SPENCER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 (321) 777-0238
Date Daytime Phone #