

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90192 013 ***150.00

DOCUMENT # P03000146475

1. Entity Name

WAKULLA FINISH CARPENTRY, INC.



Principal Place of Business

105 HICKORY WOOD DR
CRAWFORDVILLE FL 32327

Mailing Address

105 HICKORY WOOD DR
CRAWFORDVILLE FL 32327

2. Principal Place of Business - No P.O. Box #

203 TUPELO DR

Suite, Apt. #, etc.

3. Mailing Address

203 TUPELO DR.

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE,

City & State

CIVILLE. FLA.

4. FEI Number

90-0131063

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32327

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

SCHATZMAN, MICHAEL D
105 HICKORY WOOD DR
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

JAMES SCHATZMAN

Street Address (P.O. Box Number is Not Acceptable)

203 TUPELO DR.

City

CRAWFORDVILLE

FL

Zip Code

32327

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

James Schatzman

Signature of individual named in 6 or 7, if applicable.

(NOTE: Registered Agent signature required when resigning)

2 15 08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHATZMAN, JAMES
105 HICKORY WOOD DR
CRAWFORDVILLE FL 32327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES SCHATZMAN ☒ Change ☐ Addition
203 TUPELO DR.
CRAWFORDVILLE, FL 32327 ☒ ~~ADDRESS~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James Schatzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

Days-Me Phone #

850 926
4018