

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
PAID
Secretary of State

DOCUMENT # P03000149223

1. Entity Name
DISTINCTIVE WOOD DESIGNS, INC.



Principal Place of Business
**2338 IMMOKALEE RD
STE 131
NAPLES, FL 34110-1445**

Mailing Address
**2338 IMMOKALEE RD
STE 131
NAPLES, FL 34110-1445**



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0547562

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**TOMEI, ANTHONY
2338 IMMOKALEE RD
STE 131
NAPLES, FL 34110-1445**

**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 _____

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MACKEY, GERALD
STREET ADDRESS 2338 IMMOKALEE RD, STE 131
CITY-ST-ZIP NAPLES, FL 341101445

TITLE TD
NAME STEFANACCI, DENNIS
STREET ADDRESS 2338 IMMOKALEE RD, STE 131
CITY-ST-ZIP NAPLES, FL 341101445

TITLE D
NAME TOMEI, ANTHONY
STREET ADDRESS 2338 IMMOKALEE RD, STE 131
CITY-ST-ZIP NAPLES, FL 341101445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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CITY-ST-ZIP

000000343143
04/29/05 80082-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05 239-591-2204