2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 12, 2007 08:00 AN Secretary of State DOCUMENT # P03000157825 1. Entity Name BILL'S WOODWORK, INC. Principal Place of Business Mailing Address 1502 29TH ST. WEST 1502 29TH ST. WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 55-0863677 Not Applicable Zip 7ın Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOWE. WILLIAM E ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 3RD AVE. WEST SUITE 150 **BRADENTON FL 34205** Zip Codo 8. The above named onlity 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DHE Delele ☐ Change THIT Addition JENKINS, WILLIAM B JR NAME NAMI: 1502 29TH ST. WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP TITLE Defete HILE □ Change ☐ Addition U00000631588 NAME NAMI 02/20/07-80052-024 150.00 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE. Delele THE ☐ Change ☐ Addition NAME. . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP HILE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition THE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 eath; 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

Daytime Phone #