

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000010630
Entity Name
UNLIMITED WOODWORK AND CONSTRUCTION, INC.



Principal Place of Business
**5925 SW 113 CT.
MIAMI, FL 33173**

Mailing Address
**5925 SW 113 CT.
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0495762 Applied For
Not For Filing

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

6. Name and Address of Current Registered Agent

**DURKIN, DAVID
5925 SW 113 CT.
MIAMI, FL 33173**

**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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00 May Be Added to Fee**
☒ **YES I HAVE CONTRIBUTED.**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DURKIN, DAVID
STREET ADDRESS	5925 SW 113 COURT
CITY - ST - ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/17/06 00024-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 139, 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 completed, or on an attached sheet, as applicable, with all other filers empowered.

SIGNATURE:

[Signature]

SIGNATURE AND (TYPED OR PRINTED) NAME OF SHARED OFFICER OR DIRECTOR

3-31-06 305-219-5861

DATE

UNIFORM FILING #