




2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90003 021 ***158.75
P04000018692

DOCUMENT # P04000018692						<p>FILED 05 OCT -5 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA 20061029</p>	
1. Entity Name PALM TREE WOODWORKING, INC.							
Principal Place of Business 3348 TRAPPER LN NORTH PORT, FL 34286-5101			Mailing Address 3348 TRAPPER LN NORTH PORT, FL 34286-5101			 06282005 Chg-P CR2E034 (10/03)	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip		Country	
4. FEI Number 200624852				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STOPPIELLO, DANIEL C 3348 TRAPPER LN NORTH PORT, FL 34286-5101				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPPIELLO, DANIEL C	NAME		NAME		NAME	
STREET ADDRESS	3348 TRAPPER LN	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 342865101	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	STOPPIELLO, ANTHONY	NAME		NAME		NAME	
STREET ADDRESS	5608 KISMET TERRACE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Daniel C Stoppiello		6/27/05		941-815-7525	
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

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