2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P04000075221 1. Entity Name 04-20-2005 90291 040 ***150.00 BLACK FOREST CUSTOM WOODWORKS, INC Principal Place of Business Mailing Address 5705 GRANDE RESERVE WAY 5705 GRANDE RESERVE WAY NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 5705 Grande Reserver 5705 Grande RESERVEWAY CR2E034 (10/04) # 104 # 100 City & State 4. FEI Number Applied For Horida Maples 54-2154386 Not Applicable \$8.75 Additional 001 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 5705 GRANDE RESERVE WAY 104 NAPLES FL 34110 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent si FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 10 11. TATLE Delete THTLE Change Addition MARTIN, EDUARDO NAME NAME STREET ADDRESS 5705 GRANDE RESERVE WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition MARTIN, THERESA NAME STREET ADDRESS 5705 GRANDE RESERVE WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TABLE Delete Change Addition MARTIN, EDUARDO NAMÉ NAME STREET ADDRESS STREET ADDRESS 5705 GRANDE RESERVE WAY CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Detete TITLE ☐ Change Addition MARTIN, THERESA 5705 GRANDE RESERVE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP THUE □ Delete TUBE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change · Addition NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-7IP 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

FILED