


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 047 ***150.00

DOCUMENT # P04000075329		
1. Entity Name SOUTHERN WOODWORKS OF CENTRAL FLORIDA, INC.		

Principal Place of Business <u>435 S RIDGEWOOD AVE #210</u> <u>DAYTONA BEACH, FL 32114</u>	Mailing Address <u>435 S RIDGEWOOD AVE #210</u> <u>DAYTONA BEACH, FL 32114</u>
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2. Principal Place of Business <u>856 Quail Run</u>	3. Mailing Address <u>856 Quail Run</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Ormond Beach FL</u>	City & State <u>Ormond Beach FL</u>
Zip <u>FL 32174</u>	Zip <u>32174</u>
Country <u>US</u>	Country <u>US</u>



01112005 Chg-P CR2E034 (10/03)

4. FFI Number <u>51-0503715</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KELLEY, KYLE 856 QUAIL RUN ORMOND BEACH, FL 32174	

7. Name and Address of New Registered Agent	
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELLEY, KYLE <u>435 S RIDGEWOOD AVE #210</u> <u>DAYTONA BEACH, FL 32114</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT <u>856 Quail Run</u> <u>Ormond Beach, FL 32174</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROMER, BYRON K 55 MARGARET RD ORMOND BEACH, FL 32174	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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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: Kyle Kelley 3/21/05 386 871 7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #