


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 046 ***150.00

DOCUMENT # P04000127182	
1. Entity Name WIDMER'S WOODWORKS INC.	

Principal Place of Business 5823 WHITLEWOOD CIR SARASOTA, FL 34232	Mailing Address 5823 WHITLEWOOD CIR SARASOTA, FL 34232
--	--

2. Principal Place of Business 5823 Whistlewood Cir	3. Mailing Address 5823 Whistlewood Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota Fla	City & State Sarasota Fla
Zip 34232	Country Sarasota

40083733



04282006 Chg-P CR2E034 (11/05)

4. FEI Number
27-0102222

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

6. Name and Address of Current Registered Agent WIDMER, SHAWN L 5823 WHISTLEWOOD CIR. SARASOTA, FL 34232	
--	--

7. Name and Address of New Registered Agent	
Name Widmer, Shawn L	
Street Address (P.O. Box Number is Not Acceptable) 5823 Whistlewood Circle	
City Sarasota	
City Sarasota	FL Zip Code 34232

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 **Shawn Widmer** **Shawn Widmer** **4/28/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P WIDMER, MARK A 5823 WHISTLEWOOD CIR SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VS WIDMER, SHAWN L 5823 WHISTLEWOOD CIR SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: **Mark Widmer** **04/28/06** **(941) 927-5090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #