## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000128904

1. Entity Name
ANDREW WERNER WOODWORKER, INC.



FILED Jun 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

530 11TH STREET NW NAPLES, FL 34120 530 11TH STREET NW NAPLES, FL 34120



DO NOT WRITE IN THIS SPACE

06192007 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

 FEI Number 26-0096402

Not Applicable
\$8.75 Additional
Fee Required

Applied For

6. Name and Address of Current Registered Agent

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

WERNER, ANDREW 530 11TH STREET NW NAPLES, FL 34120

## 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.	U00000766579
		000000100010

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(NOTE: Registered Agent argneture required when reinstating)

 $\Box$ 

<del>06/22/07-802023-015-150.0</del>8

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

 Election Campaign Financing Trust Fund Contribution. \$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 DIREC	CTORS	
DTLF NAME STREET ADDRESS CITY-ST-ZIP	DPT WERNER, ANDREW 530 11TH STREET NW NAPLES, FL 34120		
name street address city-st-zip	DVS WERNER, TAWANNA 530 11TH STREET NW NAPLES, FL 34120		
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	100 100 100 100 100 100 100 100 100 100		

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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

MAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WHENER 6/18/07

239-455-3716

Daytime Phone #