


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90018 036 \*\*\*150.00

**DOCUMENT # P05000025165**

1. Entity Name  
**SWEETWATER MILLWORK INC.**



Principal Place of Business      Mailing Address  
**33938 A NICE PL.**      **33938 A NICE PL.**  
**DADE CITY, FL 33523**      **DADE CITY, FL 33523**

2. Principal Place of Business      3. Mailing Address  
**33938 A Nice Pl.**      **33938 A Nice Pl.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**DADE CITY, FL**      **DADE CITY, FL**  
 Zip      Country      Zip      Country  
**33523**      **USA**      **33523**      **USA**



6. Name and Address of Current Registered Agent  
**KAHLER, SHAWN**  
**33938 A NICE PL.**  
**DADE CITY, FL 33523**

4. FEI Number      Applied For  
**20-2276398**      Not Applicable

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

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

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHLER, SHAWN			NAME			
STREET ADDRESS	33938 A NICE PL.			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33523			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHLER, APRIL			NAME			
STREET ADDRESS	33938 A NICE PL.			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33523			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 April Kähler **APRIL KAHLER**      **1/13/06**      **813-997-0405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #