

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-22-2006 90028 038 ***150.00

DOCUMENT # P05000080506 1. Entity Name STEVE'S WOODWORKS, INC.					
Principal Place of Business 132 ELM AVE., UNIT G FT. WALTON BCH, FL 32548			Mailing Address 132 ELM AVE., UNIT G FT. WALTON BCH, FL 32548		
2. Principal Place of Business 334 ECHO CIRCLE Suite, Apt. #, etc. FT. WALTON BEACH City & State FLORIDA Zip 32548		3. Mailing Address 334 ECHO CIRCLE Suite, Apt. #, etc. FT. WALTON BEACH City & State FLORIDA Zip 32548		4. FEI Number 300320140	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HONGYEE, STEPHEN 132 ELM AVE., UNIT G FT. WALTON BCH, FL 32548				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HONGYEE, STEPHEN C 132 ELM AVE., UNIT G FT. WALTON BCH, FL 32548		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Stephen C. Hongyee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-21-06</u> Daytime Phone # <u>850 243-8209</u>		

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03132006 Chg-P CR2E034 (11/05)

4. FEI Number **300320140** Applied For 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

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