

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086679

FILED
Apr 09, 2009
Secretary of State

Entity Name: WOODCRAFT WALL SYSTEMS, INC.

Current Principal Place of Business:

624 COMMERCIAL BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

624 COMMERCIAL BLVD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-2646065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOW, LYNN H
624 COMMERCIAL BLVD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SNOW, LYNN H
Address: 624 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SNOW, LYNN H
Address: 624 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104

Title: SEC. () Change (X) Addition
Name: DOYLE, JOHN H
Address: 624 COMMERCIAL BLVD
City-St-Zip: NAPLES, FL 34104 47

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN H. SNOW

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date