

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90397 031 ***150.00

DOCUMENT # P05000113353

1. Entity Name
DISTINCTIVE WOODCRAFTING, INC.



Principal Place of Business
3467 COUNTRY WALK DRIVE
PORT ORANGE, FL 32129

Mailing Address
3467 COUNTRY WALK DRIVE
PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0129270	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEVORE, ROSA L
2428 SOUTH MAPLE DRIVE
SANFORD, FL 32771

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME FEUTZ, JEFFREY J
STREET ADDRESS 3467 COUNTRY WALK DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 386-566-9102
Date Daytime Phone #