
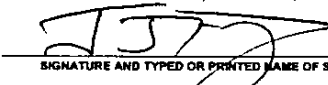


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90020 025 ***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	
2. Principal Place of Business - No P.O. Box # 2001 N. DAYTONA AVE		3. Mailing Address 2001 N DAYTONA AVE	
Suite, Apt. #, etc. FLAGLER BEACH,		Suite, Apt. #, etc. FLAGLER BEACH	
City & State FLORIDA		City & State FLORIDA	
Zip 32136		Country USA	
4. FEI Number 27-0129270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVORE, ROSA L 2428 SOUTH MAPLE DRIVE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PVST	NAME FEUTZ, JEFFREY J	TITLE PVST	NAME FEUTZ, JEFFREY J
STREET ADDRESS 3467 COUNTRY WALK DRIVE	CITY-ST-ZIP PORT ORANGE, FL 32129	STREET ADDRESS 2001 N DAYTONA AVE	CITY-ST-ZIP FLAGLER BEACH FL. 32136
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: 		4-28-08 386 566 9102	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	