2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P06000038109

Entity Name: ARCHITECTURAL WOOD PRODUCTS OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2154 J&C BOULEVARD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2154 J&C BOULEVARD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-4509496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, AARON W
3600 3RD AVENUE SW
NAPLES, FL FL US

Name and Address of New Registered Agent:

JONES, AARON W
2631 8TH STREET NW
NAPLES, FL 34120 US

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: MICHELLE JONES 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, AARON W
Address: 3600 3RD AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: V ( ) Delete
Name: JONES, MICHELLE A
Address: 3600 3RD AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: T ( ) Delete
Name: JONES, WAYNE
Address: 2581 8TH STREET NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, AARON W
Address: 2631 8TH STREET NW
City-St-Zip: NAPLES, FL 34120

Title: V (X) Change ( ) Addition
Name: JONES, MICHELLE A
Address: 2631 8TH STREET NW
City-St-Zip: NAPLES, FL 34120

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELLE JONES VP 01/20/2009
Electronic Signature of Signing Officer or Director Date