



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 046 ***150.00

DOCUMENT # P07000073683					
1. Entity Name TONY'S WOODWORKING, INC.					
Principal Place of Business 6401 E. ROGERS CIRCLE STE 12 BOCA RATON, FL 33487			Mailing Address 6401 E. ROGERS CIRCLE STE 12 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 415 SE 1ST AVE		3. Mailing Address 415 SE 1ST AVE			
Suite, Apt., #, etc. A		Suite, Apt., #, etc. A		04092008 Chg-P CR2E034 (12/06)	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 26-0436787	
Zip 33444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, CELESTINO 6401 E. ROGERS CIRCLE STE 12 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name ANTHONY GARCIA Street Address (P.O. Box Number is Not Acceptable) 415 SE 1ST AVENUE City DELRAY BEACH State FL Zip Code 33444		
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 _____ DATE _____ <small>Sign and print or typed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DRVP ST ANTHONY GARCIA 415 SE 1ST AVENUE DELRAY BEACH FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: X 			Date 4-22-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Mail completed report to:

ATTACHMENT

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Courier Address (overnight delivery)

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

CLIENTS COPY

Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Chg-P CR2E034 (12/06)

Certificate Number: 60-8013863914-7 SALES AND USE TAX RETURN

HD/PM Date: / /

DR-15 R. 01/07

Florida

1. Gross Sales

2. Exempt Sales

3. Taxable Amount

4. Tax Collected

A. Sales/Services

B. Taxable Purchases

C. Commercial Rentals

D. Transient Rentals

E. Food & Beverage Vending

42,150.00

42,150.00

0.00

0.00

Include use tax on Internet / out-of-state untaxed purchases

Transient Rental Rate: .0600

Surtax Rate: .0050

Collection Period

JAN-MAR

Check here if donating collection allowance to education, and leave Line 11 blank.

5. Total Amount of Tax Collected

6. Less Lawful Deductions

7. Total Tax Due

8. Less Est Tax Pd / DOR Cr Memo

9. Plus Est Tax Due Current Month

10. Amount Due

11. Less Collection Allowance

12. Plus Penalty

13. Plus Interest

14. Amount Due with Return

0.00

0.00

6401 E ROGERS CIR STE 12
BOCA RATON FL 33487-2647

TONY'S WOODWORKING INC
6401 E ROGERS CIR STE 12
BOCA RATON FL 33487-2647

415 SE 1st Ave #A
DeLray Beach, FL
33444

Due: 4/1/08

Late After: 4/24/08

Check here if payment was made electronically.

Do Not Write in the Space Below

0600 0 20070930 0001003031 3 4000001386 3914 5

Change of Address or Business Name for Sales and Use Tax

Complete this form, sign it, and mail it with your tax return if:

- the address below is not correct
- the business location changes
- the business name changes

If you have a change of legal entity or move from one county to another county, you must register online or complete and mail a new Application to Collect and/or Report Tax in Florida (Form DR-1). To register, see Resources in the instructions, contact your local Department of Revenue Service Center, or call Taxpayer Services (see outside back cover). You must submit a change of address form for each location. If you are closing or selling your business or have a change in legal entity, complete the form on the reverse side.

CERTIFICATE NO. 60-8013863914-7
TONY'S WOODWORKING INC
6401 E ROGERS CIR STE 12
BOCA RATON FL 33487-2647

Signature of Taxpayer (Required)

4-27-08
Date

FEIN of Entity or SSN of Owner

26-0436787

000-000-0000

New Location Address

Business Location

415 SE 1st Ave #A

City DeLray Beach State FL ZIP 33444

Business Telephone (361) 445-4542 County PALM BEACH

New Mailing Address

In Care of

Tony

Mailing Address 415 SE 1st Ave #A

City DeLray Beach State FL ZIP 33444

Owner's Telephone (361) 445-4542 County PALM BEACH

Mailing address change is for:

Sales tax only or All Taxes

New Business Name

DBA Business Name

0500 0 20079999 0001000999 6 4000001386 3914 5