

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086710

Entity Name: PETE'S CUSTOM WOODWORKING, INC.

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

639 SAILFISH ROAD  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

639 SAILFISH ROAD  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 26-0671589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, PETE W  
639 SAILFISH ROAD  
WINTER SPRINGS, FL 32708 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: PRES ( ) Delete  
Name: REED, PETE W  
Address: 639 SAILFISH ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: REED, ROSE  
Address: 639 SAILFISH ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SEC ( ) Delete  
Name: REED, ROSE  
Address: 639 SAILFISH ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TREA ( ) Delete  
Name: REED, PETE W  
Address: 639 SAILFISH ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: PETE W. REED

PRES

03/20/2008

Electronic Signature of Signing Officer or Director

Date