

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036742

Entity Name: MAINELY WOODWORKING INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

129 LEHANE TERRACE  
135  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

129 LEHANE TERRACE  
135  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 90-0568781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LISCOMB, AARON R  
129 LEHANE TERRACE  
135  
NORTH PALM BEACH, FL 33408 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LISCOMB, AARON R  
Address: 129 LEHANE TERRACE #135  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: WATSON, JASON  
Address: 2494 GERTRUDE DR  
City-St-Zip: LAKE WORTH, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: JASON WATSON

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date