

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 018 ***550.00

DOCUMENT # P15892

1. Entity Name
WOODGRAIN MILLWORK, INC.



Principal Place of Business

300 N.W. 16TH STREET
FRUITLAND, ID 83619

Mailing Address

P.O. BOX 566
FRUITLAND, ID 83619

54062012



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
93-0563778

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, PAUL
1450 SHEPARD STREET
#1
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAME, REED
STREET ADDRESS 300 N.W. 16TH STREET
CITY-ST-ZIP FRUITLAND, ID 83619

TITLE VD
NAME DAME, KELLY
STREET ADDRESS 300 N.W. 16TH STREET
CITY-ST-ZIP FRUITLAND, ID 83619

TITLE
NAME ATKINSON, STEVEN J
STREET ADDRESS 300 N.W. 16TH STREET
CITY-ST-ZIP FRUITLAND, ID 83619

TITLE S
NAME BARNER, SCOTT
STREET ADDRESS 300 N.W. 16TH STREET
CITY-ST-ZIP FRUITLAND, ID 83619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 July 2004 (200) 452-3801
Date Daytime Phone #