

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 044 ***150.00

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1. Entity Name
YONDER WOODWORKS INC.



Principal Place of Business
**4901-5 GEORGIA AVE
WEST PALM BEACH, FL 33405 US**

Mailing Address
**4901-5 GEORGIA AVE
WEST PALM BEACH, FL 33405 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0408573

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, PRIOR E
4901-5 GEORGIA AVE
WEST PALM BEACH, FL 33405**

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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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D, P**
NAME **POWERS, PRIOR E**
STREET ADDRESS **4901-5 GEORGIA AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **S**
NAME **POWERS, JUDY**
STREET ADDRESS **326 MARLBOROUGH PLACE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **D, VP**
NAME **HANBURY, ANDREW**
STREET ADDRESS **9118 170TH AVENUE NORTH**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.09.06 961-547-8777
Date Daytime Phone