

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000059759**

1. Entity Name

GROSSE POINTE WOODWORKING, INC.



Principal Place of Business Mailing Address  
1222 HILLSBORO MILE 1222 HILLSBORO MILE  
#11 #11  
HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0424876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SOSTOA, ROBERT J  
1222 HILLSBORO MILE  
#11  
HILLSBORO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | D                        | <input type="checkbox"/> Delete |
| NAME            | DE SOSTOA, ROBERT J      |                                 |
| STREET ADDRESS  | 1222 HILLSBORO MILE #11  |                                 |
| CITY - ST - ZIP | HILLSBORO BEACH FL 33062 |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |   |
|-----------------|---------------------------|---|
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  | U000000278151             |   |
| CITY - ST - ZIP | 03/28/05-80013-021 150.00 |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                           |   |
| STREET ADDRESS  |                           |   |
| CITY - ST - ZIP |                           |   |

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

ROBERT J. DE SOSTOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

954-695-819

Date

Daytime Phone #