


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000072568</b> 1. Entity Name <b>DURABLE WOODWORKS INC.</b>	
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Principal Place of Business <b>7310 N.W. 79 TERRACE MEDDLEY, FL 33166 US</b>	Mailing Address <b>7310 N.W. 79 TERRACE MEDDLEY, FL 33166 US</b>
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0446929</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ZAPANTIS, WILLIAM 8912 NW 150 TERRACE MIAMI, FL 33016</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZAPANTIS, GRICELIA 8912 NW 150 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ZAPANTIS, VASILIOS 8912 NW 150 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAM, ZAPANTIS 8912 N.W. 150 TERR. MIAMI, FL 33016
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04/21/04-80049-013 158.75

**DO NOT WRITE  
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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:** *Gricelia Zapantis* **4-16-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #