


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 028 ***150.00

DOCUMENT # P93000085253			
1. Entity Name TIMBERCRAFT OF NAPLES, INC.			
Principal Place of Business 6268 TAYLOR ROAD NAPLES, FL 34109 US		Mailing Address 6268 TAYLOR ROAD NAPLES, FL 34109 US	
2. Principal Place of Business 6187 SHIRLEY ST. Suite, Apt. #, etc. UNIT #1 City & State NAPLES, FLORIDA Zip 34109 Country COLLIER		3. Mailing Address 6187 SHIRLEY ST. Suite, Apt. #, etc. UNIT #1 City & State NAPLES, FLORIDA Zip 34109 Country COLLIER	
4. FEI Number 65-0453535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHMAN, KENNETH W JR 8955 FONTNANA DEL SOL WAY PO BOX 111682 NAPLES, FL 34108		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR DANIEL, RICHARD M 802 TALLOW TREE CT. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.			
SIGNATURE: <i>Richard M Daniel</i>		1/5/2006 239-592-1686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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