ANNUAL REPORT (AR)

DOCUMENT # P94000009751

1. Entity Name

WOODBINE CARPENTRY INC.



				•				
Principal Place of Business		Mailing Address						
6099 NEWTON V WEST PALM BEA		6099 NEWTON WOODS LANE WEST PALM BEACH FL 33417						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #. etc.						
City & State		City & State						
Zip	Country	Zφ	Country					

FILED May 01, 2007 08:00 AM Secretary of State



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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc		Suito, Apt. #. otc.		1st MOORE CR2E034 (10/06)				
City & State		City & State		4. FEI Numbar	65-0466259		pliod For t Applicable	
Zip Cou	Country Z _{IP}		Country	5. Certificate of S	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Add	iress of New Registere	d Agent		
			Namo	o e				
FECHTEL, RAYMOND 6099 NEWTON WOODS LANE WEST PALM BEACH FL 33417		Street Address (P.O. Box Number is Not Acceptable)						
			City		F	Zip Code)	
The above named entity submithe obligations of registered a		pose of changing its reg	gistarod offica or regis	stered agont, or both, in	the State of Florida. Ta	m familiar with,	and accept	
SIGNATURE	rome of registered agent and little i or	oplicable. (NOTE: Ro	agistered Agent signitifure reoi	oned when remstating)	CAT	=		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fina Trust Fund Contribution.	Adde	00 May Be d to Fees	
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS	5 IN 11	
ITICE D FECHTEL, RAYN SHIRLI ADDRESS CITY-SI-ZIP WEST PALM BE	WOODS LANE	☐ Delete	ITILE NAME STREET AODRESS CITY-ST-7IP	05	U00000753466 /22/07-80021-1	□ Change 021 150.0	Addition	
THE NAME STREET ADDRESS CHY-ST-7IP		☐ Delete	HITE NAME STRIET ADDRESS CITY-ST-7IP			Change	Addition	
NAME SINGLI ADDRESS CITY-ST-ZIP		☐ Delete	DITLE NAME STREET ADDRESS CITY-SE-7IP	L		☐ Change	☐ Addition	
THEE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TIBE NAME SIBLET ADDRESS CHY-ST-7IP			☐ Change	☐ Addition	
ITILE NAML STRIFT ADORESS CITY-SI-ZIP	1,00	□ Delete	TIFLE NAME STRICT ADDRESS CITY - ST - 7IP			☐ Change	Addition	
ITHE NAME STREET ADDRESS CITY-ST-ZIP		□ Doleic	MAME STREET ADDRESS CITY-ST-7/P			☐ Change	Addilion	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE:

SIGNATURE STATUTE OF SERVICE AND IMPERIOR STATUTE OF SERVICE OF