

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 016 ***150.00

DOCUMENT # P94000012031

1. Entity Name
PIONEER WOODWORKS, INC.



Principal Place of Business

Mailing Address

~~1932 TIGERTAIL BLVD~~
DANIA, FL 33004 US

~~1932 TIGERTAIL BLVD~~
DANIA, FL 33004 US

2. Principal Place of Business

3. Mailing Address

1932A TIGERTAIL BLVD

1932A TIGERTAIL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202003

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0468924

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

SMYTH, PAUL

~~1932 TIGERTAIL BLVD #13~~
DANIA, FL 33004

Name

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

1932A TIGERTAIL BLVD.

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SMYTH, PAUL
STREET ADDRESS ~~1932 TIGERTAIL BLVD~~
CITY-ST-ZIP DANIA, FL 33004

TITLE ☒ Change ☐ Addition
NAME **1932A TIGERTAIL BLVD.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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)(i), 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:

Paul H. Smyth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04

Date

Daytime Phone #

Attachment

57055885-

#P4000012081

PLEASE ACCEPT MY
CHECKS FOR THE ANNUAL
RENEWALS I WAS OUT
OF THE STATE OF
FLORIDA AND I
DID NOT RETURN
UNTIL LAST WEEK.

THANK YOU