

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 022 ***150.00

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DOCUMENT # P95000010758 1. Entity Name HAMLIN WOODWORKS, INC.					
Principal Place of Business 8 MISTY LAUREL CIRCLE BOYNTON BEACH, FL 33462			Mailing Address 8 MISTY LAUREL CIRCLE BOYNTON BEACH, FL 33462		
2. Principal Place of Business 3626 Newport Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3626 Newport Ave <small>Suite, Apt. #, etc.</small>			
City & State Boynton Beach, FL <small>Zip</small> 33436 <small>Country</small> USA		City & State Boynton Beach, FL <small>Zip</small> 33436 <small>Country</small> USA		4. FEI Number 65-0560614	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAMLIN, MIKE 8 MISTY LAUREL CIRCLE BOYNTON BEACH, FL 33462			7. Name and Address of New Registered Agent Name Mike Hamlin Street Address (P.O. Box Number is Not Acceptable) 3626 Newport Ave City Boynton Beach FL <small>Zip Code</small> 33463		
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, 2005 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	D HAMLIN, MIKE <input type="checkbox"/> Delete 8 MISTY LAUREL CIRCLE BOYNTON BEACH, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Hamlin 3626 Newport Ave Boynton Beach, FL 33436	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMLIN, TORI <input type="checkbox"/> Delete 8 MISTY LAUREL CIR. LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tori Hamlin 3626 Newport Ave Boynton Beach, FL 33436	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tori Hamlin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-05 <small>Date</small> <small>Daytime Phone #</small>		