

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90064 038 ***150.00

DOCUMENT # P95000013260

1. Entity Name
FLORIDA WOOD CREATIONS, INC.



Principal Place of Business
**12700 METRO PKWY
#12
FORT MYERS, FL 33912 US**

Mailing Address
**12700 METRO PKWY
#12
FORT MYERS, FL 33912 US**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0564783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SLABOSZ, JOSEPH
14551 SHERBROOK PL., #107
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLABOSZ, JOSEPH P 14551 SHERBROOK PL., #107 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SLABOSZ, DAVID J 13333 BROADHURST LOOP 17594 MOORFIELD DR. FORT MYERS, FL 33914 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLABOSZ, DOROTHY 14551 SHERBROOK PL., #107 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVE SLABOSZ **DAVE SLABOSZ** 1-29-04 239-561-5411