


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90065 027 \*\*\*158.75

<b>DOCUMENT # P95000013260</b> 1. Entity Name <b>FLORIDA WOOD CREATIONS, INC.</b>					
Principal Place of Business <b>12700 METRO PKWY #12 FORT MYERS, FL 33912 US</b>			Mailing Address <b>12700 METRO PKWY #12 FORT MYERS, FL 33912 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0564783</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>SLABOSZ, JOSEPH 14551 SHERBROOK PL., #107 FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name <b>SLABOSZ, JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>9209 INDEPENDENCE WAY</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33913</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLABOSZ, JOSEPH P 14551 SHERBROOK PL., #107 FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, JOSEPH P 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OPTS SLABOSZ, DAVID J 17594 MOORFIELD DR. FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLABOSZ, DOROTHY 14551 SHERBROOK PL., #107 FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SLABOSZ, DOROTHY 9209 INDEPENDENCE WAY FORT MYERS, FL 33913</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
<b>SIGNATURE: Dave Slabosz</b> <b>DAVE SLABOSZ</b> <b>1-25-06</b> <b>239-561-5411</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					