2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91258 030 ***150.00

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04062004 Chg-P CR2E034 (10/03)

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1. Entity Name
PREMIER WOODWORKING OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
319 BAY ST NORTH SUITE 2 & 3 EUSTIS, FL 32726 US	37147 CR 452 GRAND ISLAND, FL 32735

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	37143 CR 452 Suite, Apt. #, etc.
City & State	City & State: Grand Island FL
Zip / Country	Zip: 32735 / Country

4. FEI Number: 59-3389251 — 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
HODGES, WILLIAM N JR. 37147 HIGHWAY 452 GRAND ISLAND, FL 32735	Name Street Address (P.O. Box Number is Not Acceptable) 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 $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HODGES, WILLIAM JR	NAME	
STREET ADDRESS	37147 HWY 452	STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND, FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HODGES, LINDA	NAME	
STREET ADDRESS	37147 HWY 452	STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda Hodges — Linda Hodges — 4/30/04 — 352-589-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #