

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061355

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: HERITAGE CUSTOM WOODWORK, INC.

## Current Principal Place of Business:

1305 POINSETTIA DR  
3  
DELRAY BEACH, FL 334441251

## New Principal Place of Business:

## Current Mailing Address:

1305 POINSETTIA DR  
3  
DELRAY BEACH, FL 334441251

## New Mailing Address:

FEI Number: 65-0770142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GMYREK, THOMAS  
600 SNUG HARBOR DRIVE  
A-1  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

GMYREK, THOMAS  
159 MARINE WAY  
18  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

09/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GMYREK, THOMAS  
Address: 600 SNUG HARBOR DRIVE, APT. A-1  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete  
Name: GMYREK, BRIAN  
Address: 3836 NW 9TH STREET  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST ( ) Delete  
Name: GMYREK, PATRICIA  
Address: 600 SNUG HARBOR DRIVE, APT. A-1  
City-St-Zip: BOYNTON BEACH, FL 33435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GMYREK, THOMAS  
Address: 159 MARINE WAY #18  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: GMYREK, PATRICIA  
Address: 159 MARINE WAY #18  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GMYREK

P

09/07/2005

Electronic Signature of Signing Officer or Director

Date