


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000087631</b> 1. Entity Name <b>A &amp; L WOODWORKING PRODUCTS CO., INC.</b>	
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Principal Place of Business <b>18508 U.S HIGHWAY 19 HUDSON, FL 34667</b>	Mailing Address <b>18508 U.S HIGHWAY 19 HUDSON, FL 34667</b>
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**DO NOT WRITE IN THIS SPACE**



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3407782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NAGLIERI, ANTHONY  
18508 U.S HIGHWAY 19  
HUDSON, FL 34667**

**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 Anthony Naglieri (NOTE: Registered Agent signature required when reinstating) DATE 8/19/05

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAGLIERI, ANTHONY 18508 U.S HIGHWAY 19 HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST NAGLIERI, LINDA 18508 US HIGHWAY 19 HUDSON, FL
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**DO NOT WRITE  
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UN00000376839  
06/22/05-80004-022 150.00

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Aug 19/05 (727) Daytime Phone # 8695770