

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 027 ***150.00

DOCUMENT # P96000087631			
1. Entity Name A & L WOODWORKING PRODUCTS CO., INC.			
Principal Place of Business 18508 U.S. HIGHWAY 19 HUDSON, FL 34667		Mailing Address 18508 U.S. HIGHWAY 19 HUDSON, FL 34667	
2. Principal Place of Business Pasco County		3. Mailing Address 18508 US 19	
City & State Hudson FL		City & State FL 34667	
4. FIC Number 59-3407782		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGLIERI, ANTHONY 18508 U.S. HIGHWAY 19 HUDSON, FL 34667		7. Name and Address of New Registered Agent 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 _____			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$330.00		9. Election: Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	DP NAGLIERI, ANTHONY 18508 U.S. HIGHWAY 19 HUDSON, FL ☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	VPST NAGLIERI, LINDA 18508 U.S. HIGHWAY 19 HUDSON, FL ☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing complies with the requirements contained in Chapter 193, 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 193, 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: _____		4/21/06	