

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90008 023 \*\*\*150.00

**DOCUMENT # P98000088492**

1. Entity Name  
**ARCHITECTURAL WOODWORKING CONCEPTS, INC.**



Principal Place of Business  
**3810 RADIO RD  
UNIT B  
NAPLES, FL 34104**

Mailing Address  
**3810 RADIO RD  
UNIT B  
NAPLES, FL 34104**

**00014041**



06202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3538326**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BADILLO, NELSON  
3280 N.E. 33RD AVE  
NAPLES, FL 34120**

**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 \_\_\_\_\_

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  
Due by September 12, 2008**

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          | D                  |
| NAME           | BADILLO, NELSON    |
| STREET ADDRESS | 3280 N.E. 33RD AVE |
| CITY- ST- ZIP  | NAPLES, FL 34120   |
| TITLE          | D                  |
| NAME           | BADILLO, EULALIA   |
| STREET ADDRESS | 3280 N.E. 33RD AVE |
| CITY- ST- ZIP  | NAPLES, FL 34120   |
| TITLE          | VD                 |
| NAME           | BADILLO, NELSON JR |
| STREET ADDRESS | 3280 NE 33RD AVE   |
| CITY- ST- ZIP  | NAPLES, FL 34120   |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_