

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90010 026 ***150.00

DOCUMENT # P98000093375					
1. Entity Name G & M MILLWORK, INC.					
Principal Place of Business 1119 ALTO RD LAKE WORTH, FL 33462			Mailing Address 1119 ALTO RD LAKE WORTH, FL 33462		
2. Principal Place of Business - No P.O. Box # 14870 SW MYRTLE DRIVE		3. Mailing Address 14870 SW MYRTLE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIANTOWN FLORIDA		City & State INDIANTOWN FLORIDA		4. FEI Number 65-0872789	
Zip 34956		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLOW, GENE 1119 ALTO RD LAKE WORTH, FL 33462			7. Name and Address of New Registered Agent Name: GENE BLOW Street Address (P.O. Box Number is Not Acceptable): 14870 SW MYRTLE DRIVE City: INDIANTOWN FL Zip Code: 34956		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST	NAME BLOW, GENE G		<input type="checkbox"/> Delete		
STREET ADDRESS 1119 ALTO RD	CITY-ST-ZIP LAKE WORTH, FL 33462		TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 14870 SW MYRTLE DRIVE	
CITY-ST-ZIP 	CITY-ST-ZIP INDIANTOWN, FL 34956		NAME 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 	
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CITY-ST-ZIP 	CITY-ST-ZIP 		NAME 	STREET ADDRESS 	
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: _____			Gene Blow 2/20/07 561-718-8151		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					