



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000075228			
1. Entity Name WOODCRAFT SPECIALTIES INC.			
Principal Place of Business 2120C WHITFIELD PARK LOOP SARASOTA, FL 34243		Mailing Address 2120C WHITFIELD PARK LOOP SARASOTA, FL 34243	
DO NOT WRITE IN THIS SPACE			
		 01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0943900	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent ROGERS, NORMAN C 70 KALAMAZOO PLACE SARASOTA, FL 34240		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 <u>NORMAN C. ROGERS</u> <u><i>Norman Rogers</i></u> <u>1/5/07</u> <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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ROGERS, NORMAN C 70 KALAMAZOO PL SARASOTA, FL 34240		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WHITE, DAVID PO BOX 5194 SARASOTA, FL 34277		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>Norman Rogers</i></u> <u>NORMAN ROGERS</u> <u>1/5/07</u> <u>941-758-1479</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			