

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000080933

1. Entity Name
MILLWORK DEPOT, INC.



Principal Place of Business
1451 NW 1ST CT.
BOCA RATON, FL 33432

Mailing Address
1451 NW 1ST CT.
BOCA RATON, FL 33432



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963414

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, WAYNE S
1451 NW 1ST CT
BOCA RATON, FL 33432

**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

Wayne Walker **WAYNE WALKER** 4/21/06

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVP
WALKER, WAYNE S
933 LAKE WYMAN RD.
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000534026
05/06/06-80145-023 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Walker **WAYNE WALKER**

Date

Daytime Phone #

4/21/06 561-417-0451