
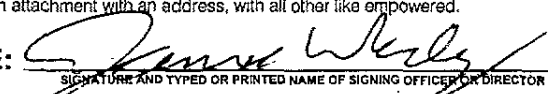


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | | |
|--|----------------------------|---|
| DOCUMENT # P99000088811 | |  |
| 1. Entity Name MILLWORK EXPRESS, INC. | | |
| Principal Place of Business 8360 CURRENCY DR BAY #5 RIVIERA BEACH, FL 33404 | | Mailing Address 12441 63RD LANE N WEST PALM BEACH, FL 33412 |
| 6. Name and Address of Current Registered Agent WESLEY, JAMES D 12441 63RD LANE N WEST PALM BEACH, FL 33412 | | |
| 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)</small> _____ DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | |
| TITLE | PD | |
| NAME | WESLEY, JAMES D | |
| STREET ADDRESS | 12441 63RD LANE N | |
| CITY - ST - ZIP | ROYAL PALM BEACH, FL 33412 | |
| 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:  | | 2-15-06 (561) 842-6644 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |

1100000442399
03/04/06-80018-001 150.00



01122006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0953844 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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