

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90011 016 \*\*\*150.00

<b>DOCUMENT # P99000109080</b> 1. Entity Name <b>INTERNATIONAL WOODWORKING, INC.</b>					
Principal Place of Business <b>15740 GREEN COVE BLVD CLERMONT, FL 34711</b>			Mailing Address <b>15740 GREEN COVE BLVD CLERMONT, FL 34711</b>		
2. Principal Place of Business <b>203 Croton Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>203 Croton Way</b> Suite, Apt. #, etc.		
City & State <b>Howey in the Hills, FL</b>		City & State <b>Howey in the Hills, FL</b>		4. FEI Number <b>59-3618834</b>	
Zip <b>34737</b>		Country <b>LAKE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HULBERT, SHAWNA 15740 GREEN COVE BLVD CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent Name <b>Shawna Hulbert</b> Street Address (P.O. Box Number is Not Acceptable) <b>203 Croton Way</b> City <b>Howey in the Hills, FL</b> Zip <b>34737</b>	
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 <b>Shawna Hulbert</b> DATE <b>1/10/03</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME HULBERT, MATTHEW STREET ADDRESS 15740 GREEN COVE BLVD CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE D NAME Matthew Hulbert STREET ADDRESS 203 Croton Way CITY-ST-ZIP Howey in the Hills, FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HULBERT, SHAWNA STREET ADDRESS 15740 GREEN COVE BLVD CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE T NAME Shawna Hulbert STREET ADDRESS 203 Croton Way CITY-ST-ZIP Howey in the Hills, FL 34737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Shawna Hulbert</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Shawna Hulbert</b>		
Date <b>1/10/03</b>			Daytime Phone # <b>352-324-3804</b>		