

2005 FORT PROFT CORPORATION ANNUAL REPORT

DOCUMENT # S38058

1. Entity Name
EXOTIC WOOD PRODUCTS COMPANY



FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
10738 LAGRANGE RD
ELYRIA, OH 44035-7708 US

Mailing Address
10738 LAGRANGE ROAD
ELYRIA, OH 44035-7708 US



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0254395	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

BIRCH, THOMAS B.
7370 COLLEGE PARKWAY SUITE 210
C/O THE BIRCH COMPANY
FT MYERS, FL 33907

**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 _____ (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, 2005 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	PTD SCHREIBER, ROBERT J 10738 LAGRANGE RD ELYRIA, OH 440357708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHREIBER, KATHLEEN C. 10738 LA GRANGE RD ELYRIA, OH 440357708
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IN THIS SPACE**

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: Kathleen C Schreiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2005 440-458-5865
Date Daytime Phone #