

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # V35236

1. Entity Name
ISLAND WOODSHOP, INC.



Principal Place of Business
**994 N BARFIELD DR
UNIT #6
MARCO ISLAND, FL 34145 US**

Mailing Address
**P.O. BOX 996
MARCO ISLAND, FL 34146 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0327696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHUTE, JAMES W.
994 N. BARFIELD DRIVE
MARCO ISLAND, FL 34145**

**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

James W. Chute

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHUTE, JAMES W.
STREET ADDRESS	994 N. BARFIELD DR.
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	VP
NAME	CHUTE, SHAUN R
STREET ADDRESS	994 N. BARFIELD DRIVE
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	TS
NAME	POLLOCK-CHUTE, LINDA K
STREET ADDRESS	994 NORTH BARFIELD DR # 6
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80095-021 150.00

**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

Linda K. Pollock-Chute *Linda K. Pollock-Chute*

4/14/07 239-394-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #