3263 SW 14TH				
BOYNTON BEA	CH, FL 33426			
Current Mai	ling Address:			
3263 SW 14	TH PLACE			
BOYNTON E	BEACH, FL 33426			
FEI Number	: 20-1779749		Certificate of Status Desi	i red: No
Name and A	ddress of Current Registered Agent:			
MCGOEY SHAI				
639 EAST OCE SUITE 101	AN AVE			
	CH, FL 33435 US			
BOYNTON BEA				
BOYNTON BEA	l entity submits this statement for the purpose of changing its i	registered office or regis	tered agent, or both, in the State of Flo	
BOYNTON BEA		registered office or regis	tered agent, or both, in the State of Flo	rida. 04/15/2021
BOYNTON BEA	l entity submits this statement for the purpose of changing its i	registered office or regis	tered agent, or both, in the State of Flo	
BOYNTON BEA The above named SIGNATURE	entity submits this statement for the purpose of changing its i KASH SHARFI Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flo	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired	entity submits this statement for the purpose of changing its i KASH SHARFI Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flo	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title	entity submits this statement for the purpose of changing its is KASH SHARFI Electronic Signature of Registered Agent Ctor Detail :			04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name	entity submits this statement for the purpose of changing its i KASH SHARFI Electronic Signature of Registered Agent Ctor Detail : PD	Title	V	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	entity submits this statement for the purpose of changing its is KASH SHARFI Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL	Title Name	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	 I entity submits this statement for the purpose of changing its in the statement for the purpose of changing its in the statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL 3263 SW 14TH PLACE 	Title Name Address	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	 I entity submits this statement for the purpose of changing its in the statement for the purpose of changing its in the statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL 3263 SW 14TH PLACE 	Title Name Address	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	 I entity submits this statement for the purpose of changing its in the statement for the purpose of changing its in the statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL 3263 SW 14TH PLACE 	Title Name Address	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	 I entity submits this statement for the purpose of changing its in the statement for the purpose of changing its in the statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL 3263 SW 14TH PLACE 	Title Name Address	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²
BOYNTON BEA The above named SIGNATURE Officer/Dired Title Name Address	 I entity submits this statement for the purpose of changing its in the statement for the purpose of changing its in the statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PD FONTANA, PAUL 3263 SW 14TH PLACE 	Title Name Address	V FONTANA, DANIEL J 3263 SW 14TH PLACE	04/15/202 ²

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PD

SIGNATURE: FONTANA, PAUL

Electronic Signature of Signing Officer/Director Detail

Date

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145579

Entity Name: FONTANA WOODWORKING INC

Current Principal Place of Business:

04/15/2021