


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90843 044 ***150.00

DOCUMENT # P01000052410				
1. Entity Name PACKARD MILLWORK, INC.				
Principal Place of Business 591 ASTON WOODS CT VENICE, FL 34293		Mailing Address 591 ASTON WOODS CT UNIT 1 VENICE, FL 34293		
2. Principal Place of Business - No P.O. Box # 787 Commerce Dr		3. Mailing Address 787 Commerce Dr		
Suite, Apt. #, etc. Unit 17		Suite, Apt. #, etc. Unit 17		
City & State Venice FL		City & State Venice FL		
Zip 34292	Country	Zip 34292	Country	4. FEI Number 65-1110729
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent T&H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD. STE. 2 VENICE, FL 34292				7. Name and Address of New Registered Agent
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D, S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACKARD, GARY A	NAME		
STREET ADDRESS	591 ASTON WOODS	STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 342934194	CITY-ST-ZIP		
TITLE	D,P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOWLAN, ROBERT J	NAME		
STREET ADDRESS	808 GOLF DRIVE	STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP		
TITLE	D,T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOWLAN, ANA C	NAME		
STREET ADDRESS	808 GOLF DRIVE	STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: 		GARY PACKARD DR.		4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		941-488-8413
				Duval's Phone #

4000-



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