


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90386 034 \*\*\*150.00

**DOCUMENT # 248119**  
 1. Entity Name  
**WOODCREST TERRACE APARTMENTS INC**



Principal Place of Business      Mailing Address  
**615 SOUTH RIVERSIDE DRIVE**      **615 SOUTH RIVERSIDE DRIVE**  
**POMPANO BEACH, FL 33062**      **POMPANO BEACH, FL 33062**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03302006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1454410**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAPP, PATRICIA</b> <b>615 S RIVERSIDE DR #9</b> <b>POMPANO BCH, FL 33062</b>		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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: RAPP, PATRICIA STREET ADDRESS: 615 S RIVERSIDE DR 9 CITY-ST-ZIP: POMPANO BCH, FL 33062	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: DUNN, AMY STREET ADDRESS: 615 S RIVERSIDE DR 2 CITY-ST-ZIP: POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	P NAME: CONNIE KING STREET ADDRESS: 1500 W. CYPRESS CREEK RD., STE. 303 CITY-ST-ZIP: FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME: KING, CLIFFORD STREET ADDRESS: 615 S RIVERSIDE DRIVE 7 CITY-ST-ZIP: POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	V NAME: JOHN EPIFANIO STREET ADDRESS: 2442 FRANKLIN DR. CITY-ST-ZIP: VINELAND, NJ 08361	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	S NAME: DEWAYNE CARTER STREET ADDRESS: 615 S. RIVERSIDE DR. 10 CITY-ST-ZIP: POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input checked="" 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 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: Patricia Rapp      **PATRICIA RAPP**      4/18/06      954-941-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #