


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01042007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1454410</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAPP, PATRICIA**  
**615 S RIVERSIDE DR #9**  
**POMPANO BCH, FL 33062**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	T RAPP, PATRICIA 615 S RIVERSIDE DR 9 POMPANO BCH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, CONNIE 1500 W CYPRESS CREEK RD STE 303 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EPIFANIO, JOHN 2442 FRANKLIN DR VINELAND, NJ 08361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, DEWAYNE 615 S RIVERSIDE DR 10 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/07-80039-017 150.00

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**      4/19/07      954-941-7210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #