2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #316353 1. Entity Name TONY WOODS AGENCY, INC. Principal Place of Business Mailing Address 2184 MAIN STREET 2184 MAIN STREET SARASOTA, FL 34237-6024 SARASOTA, FL 34237-6024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, erc City & State City & State Zip 6. Name and Address of Current Registered Agent Mar MARK W. WOODS Street Address 7060 WILD HORSE CIRT SARASOTA, FL 34241 218 45. Sar 8: The above named entity spomis this statement for the purpose of changing its registered office or registe the obligations of register a agent. of two if conficable (NOTE Registered Agent signature require 9. Election Campaign Financing \$5 FILE NOW!!! FEE IS \$150.00 Adı Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ☐ Detete UNE WOODS, MARK W. NAME NAME (a STREET ADDRESS 7060 WILD HORSE CIR. STREET ADDRESS 21 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34241 \overline{sa} Delete TITLE MICHAEL H. WOODS NAME STREET ADDRESS PO BOX 2884 STREET ADDRESS SARASOTA, FL 34230 CCY-ST-ZIP COTY-ST-ZP Delete ian e TITLE MICHAEL H. WOODS NAME NAME STREET ADDRESS PO BOX 2884 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34230 CITY-ST-ZIP ☐ Defete TITLE (a NAME MARK W. WOODS. NAME: 7060 WILD HORSE CIR. STREET ADDRESS STREET ADDRESS 21 CITY-ST-ZP SARASOTA, FL 34241 CITY-ST-ZP Sa

12. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certificated 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 a 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 changed, or on an attachment with auto President \$ -3-06 941-9

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