

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # 316353
1. Entity Name
TONY WOODS AGENCY, INC.

Principal Place of Business 2184 MAIN STREET SARASOTA FL 34237-6024	Mailing Address 2184 MAIN STREET SARASOTA FL 34237-6024
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1289533	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARK W. WOODS
2184 MAIN ST
SARASOTA FL 34237**

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P WOODS, MARK W. 2184 MAIN ST SARASOTA FL 34237	<input type="checkbox"/> Delete
TITLE	VP MICHAEL H. WOODS PO BOX 2884 SARASOTA FL 34230	<input type="checkbox"/> Delete
TITLE	S MICHAEL H. WOODS PO BOX 2884 SARASOTA FL 34230	<input type="checkbox"/> Delete
TITLE	T MARK W. WOODS, 2184 MAIN ST SARASOTA FL 34237	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000597815
01/24/07-80050-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 and address, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARK W. WOODS* **MARK W. WOODS** 1-10