

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
--	-------------------------------

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 fee if applicable. (NOTE: Registered Agent signature required when re-registering)

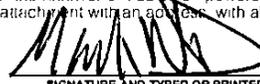
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, MARK W. 2184 MAIN ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL H. WOODS PO BOX 2884 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL H. WOODS PO BOX 2884 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK W. WOODS, 2184 MAIN ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000777532
01/10/08-80009-023 150.00

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:  **MARK W. WOODS** 1-4-08 941-955-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #