

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 031 ***150.00

DOCUMENT # 488631 1. Entity Name FLORIDA WOODLAND CONSOLIDATED, INC.			
Principal Place of Business 412 NE 16TH AVE. P.O. BOX 1776 GAINESVILLE, FL 32601		Mailing Address 412 NE 16TH AVE. P.O. BOX 1776 GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln.		3. Mailing Address PO Box 357845	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32606		Zip 32635	
Country USA		Country USA	
6. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name: Lee, Dennis G. Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City: Gainesville FL Zip Code: 32606	
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: <u>Dennis G. Lee</u> <u>1/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV LEE, CARIDAD 412 NE 16TH AVE. GAINESVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV Caridad E. Lee 4127 NW 27th Ln, Suite A Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Dennis G. Lee 4127 NW 27th Ln, Suite A Gainesville FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA S 412 N.E. 16TH AVE. GAINESVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lisa S. Davies 4127 NW 27th Ln, Suite A Gainesville FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dennis G. Lee</u> <u>1/29/04</u> <u>352-334-1976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			