

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658263

Entity Name: AKIRA WOOD, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

619 SOUTH MAIN STREET
P O BOX 321
GAINESVILLE, FL 32602

New Principal Place of Business:

619 SOUTH MAIN STREET
GAINESVILLE, FL 32602

Current Mailing Address:

619 SOUTH MAIN STREET
P O BOX 321
GAINESVILLE, FL 32602

New Mailing Address:

619 SOUTH MAIN STREET
GAINESVILLE, FL 32602

FEI Number: 59-1997257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M
618 NE 1ST ST
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHITAMA, GLENN A
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: VST () Delete
Name: CLARK, GALE
Address: 619 SOUTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CLARK

VST

01/08/2008

Electronic Signature of Signing Officer or Director

Date