

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F47705**



1. Entity Name  
**WOOD BUSINESS PRODUCTS, INC.**

Principal Place of Business  
**% ANNABELLE H WOOD**  
**5350 NW 35TH TERRACE SUITE 101**  
**FT LAUDERDALE, FL 33309**

Mailing Address  
**% ANNABELLE H WOOD**  
**5350 NW 35TH TERRACE SUITE 101**  
**FT LAUDERDALE, FL 33309**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2126542</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOOD, ANNABELLE H PCEO**  
**5350 NW 35TH TERRACE SUITE 101**  
**FT LAUDERDALE, FL 33309**

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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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WOOD, ANNABELLE H PCEO 5350 NW 35TH TERRACE SUITE 101 FORT LAUDERDALE, FL 33309
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01/10/06-130002-004 150.00

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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:**

*Annabelle H Wood*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06

Date

954-493-7422  
 Daytime Phone #