

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000087890

1. Entity Name
S. WOODS ENTERPRISES, INC.



Principal Place of Business
**9207 ADAMO DRIVE
TAMPA, FL 33619 10**

Mailing Address
**P.O. BOX 76037
TAMPA, FL 33675**



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THACKER, RICKY L
791 W LUMSDEN ROAD
BRANDON, FL 33511**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000074024
03/03/04-80001-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD WOODS, SANFORD L SR. 15303 BURSLEY COURT TAMPA, FL 33645
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZOSS, SHARON R 5039 PALOMA DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

S. L. WOODS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

02/25/2004 813.620.4300

Date

Daytime Phone #