

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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	



03192005 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, 2005 Fee will be \$550.00**

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

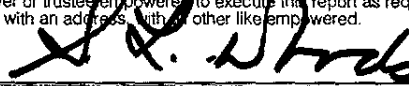
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04/19/05-80009-007 150.00

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
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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 or other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2005

813.620.4300x200

Date Daytime Phone #