
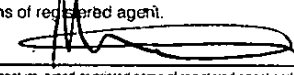
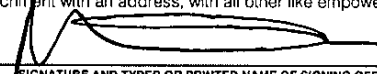


FILED
May 05, 2005 8:00 am
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-05-2005 90085 042 ***150.00

DOCUMENT # P04000042553 1. Entity Name THE WOOD GUY, INC.		
Principal Place of Business 11622 SUMMIT ROCK COURT PARRISH, FL 34219		Mailing Address 11622 SUMMIT ROCK COURT PARRISH, FL 34219
2. Principal Place of Business 11622 Summit Rock Court Suite, Apt. #, etc.		3. Mailing Address 11622 Summit Rock Court Suite, Apt. #, etc.
City & State PARRISH FL 34219 Zip Country 34219 USA		City & State PARRISH FL Zip Country 34219 USA
4. FEI Number 522-44-1028		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03252005 Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent MCHAYLE, MARK 11622 SUMMIT ROCK COURT PARRISH, FL 34219		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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:  MARK MCHAYLE 4/15/05 DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P <input type="checkbox"/> Delete NAME MCHAYLE, MARK STREET ADDRESS 11622 SUMMIT ROCK COURT CITY-ST-ZIP PARRISH, FL 34219	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 all other like empowered.		
SIGNATURE:  MARK MCHAYLE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/15/05 941-737-4597 <small>Date Daytime Phone #</small>