## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P06000099531  1. Entity Name REDWOOD SERVICES, INC.					01-22-2007 90097 049 ***150.00			
Principal Place 595 CONCOR THE VILLAGE		Mailing Address 595 CONCORD COURT THE VILLAGES, FL 32162		<u> </u>				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052007	Chg-P	CR2E034 (12/0	5)
City & State		City & State			4. FEI Numbe	528927		Applied For Not Applicable
Zip	Country	Zip			5. Certificate	of Status Desired	☐ \$8.75 / Fee Requ	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
OZIMEK, JAMES S 595 CONCORD COURT THE VILLAGES, FL 32162				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	ode
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, type or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	•	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIMEK, JAMES S 595 CONGORD COURT THE VILLAGES, FL 32162	☐ Deleke					☐ Chang	e 🗍 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VD OZIMEK, CAROL A 595 CONCORD COURT THE VILLAGES, FL 32162	☐ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -ST-ZIP			☐ Chang	_
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	r the exe	emptions contained	in Chapter 119	, Florida Statutes. I	further certify that the	e 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 an other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR