## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 164922** 05-03-2005 90144 001 \*\*\*150.00 WOODCOCK-KOGER CORPORATION Mailing Address Principal Place of Business 910A 3RD ST. 910A 3RD ST. 511147100 NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-0643667 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADGETT, DONALD A Street Address (P.O. Box Number is Not Acceptable) 910A 3RD ST NEPTUNE BEACH, FL 32266 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delote TITLE Change ☐ Addition TITLE NAME KOGER, IRA M. MAME STREET ADDRESS STREET ADDRESS 910A 3RD ST CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH, FL 32266 Delete TITLE ☐ Change ☐ Addition TITLE HORNE, FLORA B. NAME NAME STREET ADDRESS STREET ADDRESS 910A 3RD ST CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME PADGEIT, DONALD A MAME STREET ADDRESS 910A 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEPTUNE BEACH, FL 32266 THE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 ceth; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davime Phone #