

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 208252

1. Entity Name
WOODFIELD SPRINGS PLANTATION INC



Principal Place of Business
**WOODFIELD SPRINGS, PLANTATION
MICCOSUKEE, FL 32309 US**

Mailing Address
**1422 EUCLID AVENUE
SUITE 1030
CLEVELAND OHIO, 44115-2004 US**



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-6525994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and (if applicable)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUMPHREY, LOUISE I
STREET ADDRESS	1030 HANNA BLDG
CITY-STATE-ZIP	CLEVELAND, OH
TITLE	VD
NAME	HUMPHREY, G WATTS JR
STREET ADDRESS	1030 HANNA BLDG
CITY-STATE-ZIP	CLEVELAND, OH
TITLE	T
NAME	BINDHARDT, MARGARET H.
STREET ADDRESS	1030 HANNA BLDG
CITY-STATE-ZIP	CLEVELAND, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000440505
03/02/06-80043-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Louise I Humphrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 *216-363-1034*
Date Daytime Phone #