

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210689

Entity Name: REXWOOD INC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 330574  
ATLANTIC BEACH, FL 322330574 US

## New Principal Place of Business:

P. O. BOX 330574  
ATLANTIC BEACH, FL 32233 US

## Current Mailing Address:

PO BOX 330574  
ATLANTIC BEACH, FL 32233 US

## New Mailing Address:

FEI Number: 59-6077004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, R T  
45 OAKWOOD RD  
JACKSONVILLE BCH, FL 32250 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: THAMES, CHARLOTTE E  
Address: 4600 MIDDLETON PARK CIR E C-238  
City-St-Zip: JACKSONVILLE, FL 32224

Title: V ( ) Delete  
Name: WILLIAMS, R T  
Address: 45 OAKWOOD RD  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, R T  
Address: 45 OAKWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V (X) Change ( ) Addition  
Name: WILLIAMS, P. CRAIG  
Address: 45 OAKWOOD RD  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: S/T ( ) Change (X) Addition  
Name: DAVIS, SARAH A  
Address: 123 CARCABA ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, JAMES R  
Address: P. O. BOX 330574  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. T. WILLIAMS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date