

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90071 034 ***150.00

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1. Entity Name
JOHN G. WOOD & ASSOCIATES, INC.



Principal Place of Business
**3601 CYPRESS GARDENS RD
STE 3
WINTER HAVEN, FL 33884 US**

Mailing Address
**3601 CYPRESS GARDENS RD
STE D
WINTER HAVEN, FL 33884 US**

40041641



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6170150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, JOHN G
3601 CYPRESS GNDS RD A
WINTER HAVEN, FL 33884**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 WOOD, JOHN G
STREET ADDRESS 3601 CYPRESS GNDS RD A
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VD
NAME WOOD, JOHN G. JR.
STREET ADDRESS 3601 CYPRESS GNDS RD A
CITY-ST-ZIP WINTER HAVEN, FL

TITLE VD
NAME WOOD, THOMAS H.
STREET ADDRESS 3601 CYPRESS GNDS RD A
CITY-ST-ZIP WINTER HAVEN, FL

TITLE V
NAME KLUYTENAAR, MARK
STREET ADDRESS 3601 CYPRESS GNDS RD
CITY-ST-ZIP WINTER HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2007

Date

Daytime Phone #

863
324-9663