2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294585

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

FILED Mar 06, 2009 Secretary of State

US

3601 CYPRESS GARDENS RD 3601 CYPRESS GARDENS RD

STE 3 STE A

WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 US

Current Mailing Address: New Mailing Address:

3601 CYPRESS GARDENS RD 3601 CYPRESS GARDENS RD

STE D STE A
WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884

FEI Number: 59-6170150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, JOHN G WOOD, JOHN G ATTNY
3601 CYPRESS GNDS RD A 3601 CYPRESS GNDS RD A
WINTER HAVEN, FL 33884 US SUITE A

VINTER HAVEN, FL 33884 US SUITE A
WINTER HAVEN, FL 33884 US

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: ANNE V WOOD 03/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WOOD, JOHN G, Name: WOOD, JOHN G

Address: 3601 CYPRESS GNDS RD A Address: 3601 CYPRESS GNDS RD A

City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete Title: VD (X) Change () Addition Name: WOOD, JOHN G. JR., Name: WOOD, JOHN G JR

Address: 3601 CYPRESS GNDS RD A
City-St-Zip: WINTER HAVEN, FL
Address: 3601 CYPRESS GNDS RD A
City-St-Zip: WINTER HAVEN, FL 33884

 Name:
 WOOD, THOMAS H.,
 Name:
 WOOD, THOMAS H.

 Address:
 3601 CYPRESS GNDS RD A
 Address:
 3601 CYPRESS GNDS RD A

 City-St-Zip:
 WINTER HAVEN, FL
 City-St-Zip:
 WINTER HAVEN, FL
 33884

Title: V (X) Delete Title: () Change () Addition

KLUYTENAAR, MARK,
3601 CYRPESS GNDS RD
Address:
WINTER HAVEN, FL
City-St-Zip:

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: ANNE V WOOD CONT 03/06/2009