
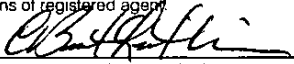
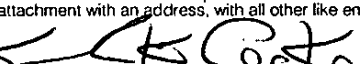


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90075 013 ***150.00

DOCUMENT # 337784 1. Entity Name CLT SUBSIDIARY I, INC. WOODSIDE INDUSTRIES, INC.					
Principal Place of Business 618 WARE BLVD. TAMPA, FL 33619 US			Mailing Address 618 WARE BLVD. TAMPA, FL 33619 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 20929 Suite, Apt. #, etc.			
City & State		City & State ST. PETERSBURG, FLORIDA		4. FEI Number 59-1225119	
Zip 33742	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EBEL, THOMAS W 618 WARE BLVD. TAMPA, FL 33619			7. Name and Address of New Registered Agent Name GARCIA, ORTIZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 888 EXECUTIVE CENTER DR. W. SUITE 101 City ST. PETERSBURG FL Zip Code 33702		
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:  C. Burt Linthicum, CPA 2/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMAY, JOHN 127 PUBLIC SQUARE, 28TH FLOOR CLEVELAND, OH 441141306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRAHAM, LLOYD 618 WARE BLVD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SEFCIK, TOM 618 WARE BLVD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CLARKE, MICHAEL 618 WARE BLVD TAMPA, FL 33619 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, SYBIL VP 618 WARE BLVD. TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			FEB 25 / 05 833-503-4187 <small>Date Daytime Phone #</small>		