2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 08:00 A Secretary of State

ANNUAL REPORT			Secretary of St		
DOCUMENT # 387346				Sec	retary of St
1. Entity Name					
WILLIAM M. WOOD COMPANY					
Principal Place of Business	Mailing Address]		
	1776 CANTERBURY STREET	ше			
JACKSONVILLE, FL 32205 US	JACKSONVILLE, FL 32205	US			
the state of the s		,			
DO NOT WRITE I	N THIS SDA	CE	04092007	No Chg-P CR	2E034 (11/05)
S DO NOT WRITE I	N THIS SEA	CE	4. FEI Number 59-13599	253	Applied For Not Applicable
				_	\$8.75 Additional
And the second s			5. Certificate of	Status Desired	Fee Required
6. Name and Address of Current Reg	stered Agent	_	r.		
WOOD, WILLIAM M. JR.			DO A	NOT WRI	314 199 - 112 199 199 199 199 199 199 199 199 199
4975 HARVEY GRANT RD		DO I	AOI MAKI		
ORANGE PARK, FL 32003			IN T	HIS SPAC	E
			- Janas	Jan H. Black	•
				To the Cross of Standard	and familias with and passar
The above named entity submits this statement for the the obligations of registered agent.	purpose or changing its register	ea onice or registe	red agent, or both,	in the State of Florida. T	antiamiliar with and accept
olovitativos i					•
SIGNATURE Suprature, typad or printed its till of registered agant and till	la Papulicable (NOTC Register)	ва Age-t signatura геоциге	o when rems(alling)	104	*F
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ncing \$5	.00 May Be ded to Fees		427 05 000 450 00
10. OFFICERS AND DIRE	CTORS			ก่องกลงกง-ลูกก	35-88-158.88
TITLE P					
NAME WOOD, WILLIAM M. JR. STREET ADDRESS 4975 HARVEY GRANT RD.		•		,	
CITY-ST-ZIP ORANGE PARK, FL 32203		•	k ,	gg o di di	
TITLE		1 .	•		
NAME		i		•	
STREET ADDRESS CITY-ST-ZIP					
TITLE		· '	,		
NAME					
STREET ADDRESS			DO I	NOT WRI	TE :
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CITY-ST-ZIP			, Eq. begins 1 to the	transfer	•
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NAME STREET ADDRESS				· ·	TT offers to the control of the cont

12. I hereby certify that the information supplied with this filling 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'il changed, or on an attachment with an address, with all other like empowered

SIGNATURE: W

CITY-ST-ZIP

NAME . _ _ STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

904.384.7712

Date

Daytime Phone i