

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90023 010 \*\*\*150.00

**DOCUMENT # 394590**

1. Entity Name

WOODBURY AGENCY, INC.



Principal Place of Business

HIGHWAY 98 AT MIDWAY  
P O BOX 249  
GULF BREEZE FL 32562-0249

Mailing Address

HIGHWAY 98 AT MIDWAY  
P O BOX 249  
GULF BREEZE FL 32562-0249

50005228



2. Principal Place of Business

9877 SAND PEBBLE CIR  
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 6585  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

NAVARRE FL

City & State

NAVARRE FL

4. FEI Number

59-1403142

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

32566-2285

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAUST, ERAINE M.  
5235 HIGHWAY 98 AT MIDWAY  
GULF BREEZE FL 32562-7249

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Eraine M. Faust ERAINE M. FAUST PRES.

3-14-06

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PV ☐ Delete  
NAME FAUST, ERAINE M.  
STREET ADDRESS HIGHWAY 98 AT MIDWAY  
CITY-ST-ZIP GULF BREEZE FL

TITLE ST ☐ Delete  
NAME FAUST, ERAINE M.  
STREET ADDRESS HIGHWAY 98 AT MIDWAY  
CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV ☒ Change ☐ Addition  
NAME ERAINE M FAUST  
STREET ADDRESS 9877 SAND PEBBLE CIR  
CITY-ST-ZIP NAVARRE FL 32566

TITLE ST ☒ Change ☐ Addition  
NAME ERAINE M FAUST  
STREET ADDRESS 9877 SAND PEBBLE CIR  
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eraine M. Faust ERAINE M FAUST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

Date

(850) 932-5240

Daytime Phone #