

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 466493

Entity Name: WOODS FISHERIES, INC.

FILED
Jul 02, 2008
Secretary of State

Current Principal Place of Business:

464 ANGEL FISH ST
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 927
PORT ST JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-1566922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, EDWARD E SR
104 CABELL ST
PORT ST.JOE, FL 32456 US

Name and Address of New Registered Agent:

GODWIN, MARK B
127 HERITAGE LANE
PORT ST.JOE, FL 32456 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: MARK GODWIN, PD

07/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: WOOD, EDWARD E JR
Address: 102 SAINT JOSEPH DR
City-St-Zip: PORT ST JOE, FL 32456 US

Title: S () Delete
Name: WOOD, LINDA
Address: 104 CABELL DR
City-St-Zip: PORT ST. JOE, FL 32456

Title: DVP () Delete
Name: GODWIN, MARK B
Address: 127 HERITAGE LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: PD (X) Delete
Name: WOOD, EDWARD E SR
Address: 104 CABELL DR
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GODWIN, MARK B
Address: 127 HERITAGE LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
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: MARK GODWIN

PD

07/02/2008

Electronic Signature of Signing Officer or Director

Date