

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90484 028 ***150.00

DOCUMENT # 483674

1. Entity Name
THOMAS M. WOODRUFF, P.A.



Principal Place of Business
4055 CENTRAL AVE.
ST PETERSBURG, FL 33713

Mailing Address
4055 CENTRAL AVE.
ST PETERSBURG, FL 33713



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1615476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODRUFF, THOMAS M
4055 CENTRAL AVE.
ST PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODRUFF, THOMAS M.
STREET ADDRESS 4055 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG, FL

TITLE ~~PD~~
NAME ~~JEEVES, SCOTT R.~~
STREET ADDRESS ~~4055 CENTRAL AVE.~~
CITY-ST-ZIP ~~ST PETERSBURG, FL~~

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

727-327-3111

4/26/05