

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 612282

1. Entity Name
JOHN WOODY, INC.



Principal Place of Business
**754 HARRISON AVE
JACKSONVILLE, FL 32220 US**

Mailing Address
**P O BOX 60218
JACKSONVILLE, FL 32236-7218**



01262006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1896667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODALL, BETTY J.
412 ROYAL CRESCENT COURT
SAINT AUGUSTINE, FL 32092**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000418397
02/14/06-80006-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WOODALL, WELDON
412 ROYAL CRESCENT COURT
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WOODALL, BETTY
412 ROYAL CRESCENT COURT
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WOODALL, MICHAEL
424 OAK POND DR
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 if changed, or on an alternate filing with an address, with all other like empowered.

SIGNATURE

Michael Woodall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Woodall

1/26/06

904-783-2411

Date

Daytime Phone