## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT# 612282**

City-St-Zip:

FILED May 19, 2009 Secretary of State

Entity Nai	me: JOHN W	OODY, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	RISON AVE IVILLE, FL 32:	220 US				
Current Mailing Address:			New Mailing Address:			
P O BOX 6 JACKSON	60218 IVILLE, FL 32:	2367218				
FEI Number:	: 59-1896667	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desire	d()
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:	
412 ROYA	L, BETTY J. IL CRESCENT GUSTINE, FL					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent,	or both,
SIGNATU						
	Electro	nic Signature of Registered Ac	gent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	SD (	) Delete	Title:	D (	X) Change ( ) Addition	
Name:	WOODALL, W		Name:	WOODALL, V		
Address: City-St-Zip:		RESCENT COURT TINE, FL 32092	Address: City-St-Zip:		RESCENT COURT STINE, FL 32092	
Oity-Ot-Zip.	3711V1 740 000	TINE, 1 E 32032	Oity-0t-21p.	3/11/1/10/00	5711VE, 1 E 32032	
Title:	•	) Delete	Title:	(	) Change ()Addition	
Name:	WOODALL, BE		Name:			
Address: City-St-Zip:		CRESCENT COURT TINE, FL 32092	Address: City-St-Zip:			
Title:	PD (	) Delete	Title:	(	) Change ( ) Addition	
Name:	WOODALL, MI	•	Name:	,	,	
Address:	424 OAK PONI		Address:			
City-St-Zip:	JACKSONVILL	E, FL 32257	City-St-Zip:			
Title:	(	) Delete	Title:		) Change (X) Addition	
Name:			Name:	KIVLIN, ALICI		
Address:			Address:	12258 STOC	(BRIDGE COURT NORTH	

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.

City-St-Zip:

SIGNATURE: MICHAEL WOODALL PD 05/19/2009

JACKSONVILLE, FL 32258