## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT				**	<sup>2</sup> Seci	retary of State
1. Entity Nam	MENT # 678809 P WOODS, INC.				5001	cury or state
Principal Place of Business  8663 S. W. 190TH AVENUE ROAD DUNNELLON, FL 32630  Mailing Address  8663 S. W. 190TH AVENUE F DUNNELLON, FL 32630		DAD	\$ F##12# #12	ê gwallêr willi gwawî halar gwill walla gwil word whall whath whath whath wind wind his cont		
C	O NOT WRITE	CE	04292004 4. FEI Numb 59-211	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RUSH, AMY J. 8663 SW 190TH AVE. ROAD  DUNNELLON, FL 34432					NOT WE	
	named entity submits this statement for the	ا تحصیر	ed office or registe	· · · · · · · · · · · · · · · · · · ·	oth, in the State of Floric	ia. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				.00 May Be fied to Fees	04/30/04-8	43401 00089-025 150.00
10.  TITLE NAME SYREIT ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PT MILLER, JOANE H. 17400 GULF BLVD. STE 601 N. REDINGTON BCH., F, VPS RUSH, AMY J. 8663 SW 190TH AVE RD DUNNELLON, FL	SCTORS			NOT WE	
HILE MAME STREET ADDRESS CITY-ST-ZIP						

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 807, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date Delim Phone #