2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # 693915 1. Entity Name WOODSBY ENTERPRISES, INC. Principal Place of Business Mailing Address 1260 CENTRAL FLORIDA PARKWAY 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259 ORLANDO, FL 32837-9259 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2102416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DARMOC, DENNIS P. DO NOT WRITE 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 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. Iyoed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be U00000325227 П Trust Fund Contribution. Added to Fees 04/23/05-80008-008 150.0A 10. OFFICERS AND DIRECTORS DV TITI F WOODSBY, RONALD E NAME 1445 OAKLAWN PL STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000, 33803 1111.5 NAME DARMOC, DENNIS P STREET ADDRESS 1950 LEGION DR CITY+ST-ZIP WINTER PARK, FL 32789 TITLE WOODSBY, CHARLES E NAME STREET ADDRESS 8959 BAY COVE COURT DO NOT WRITE CITY-ST-7IP ORLANDO, FL 00000, 32819 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

FILED

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

PIDOMOC SECTIMENT 4/19/05 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP