


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 693915</b> 1. Entity Name <b>WOODSBY ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259</b>	Mailing Address <b>1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259</b>
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04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2102416</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>DARMOC, DENNIS P. 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WOODSBY, RONALD E 1445 OAKLAWN PL LAKELAND, FL 00000, 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DARMOC, DENNIS P 1950 LEGION DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOODSBY, CHARLES E 8959 BAY COVE COURT ORLANDO, FL 00000, 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000891945 04/23/08-80045-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 attachment with an address, with all other like empowered.

<b>SIGNATURE</b> <u>Dennis P Darmac Sec 176945 4/9/08 407-851-8400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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