

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829644

Entity Name: WOODRUFF & SONS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

6450 31ST STREET EAST  
BRADENTON, FL 34203 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 10127  
BRADENTON, FL 342820127 US

## New Mailing Address:

FEI Number: 35-1058916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WOODRUFF, ROY J PD  
6450 31ST STREET EAST  
BRADENTON, FL 34203 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOODRUFF, ROY J PD  
Address: 1007 GULF DR, APT 105  
City-St-Zip: BRADENTON BEACH, FL 34217

Title: V ( ) Delete  
Name: WOODRUFF, BRUCE R V  
Address: 4739 PINNACLE DR  
City-St-Zip: BRADENTON, FL 34203

Title: V ( ) Delete  
Name: WOODRUFF, DONALD P V  
Address: 3905 COBIA CT  
City-St-Zip: PALMETTO, FL 34221

Title: STD ( ) Delete  
Name: WAKEMAN, LINDA S STD  
Address: 2211 PALMA SOLA BLVD.  
City-St-Zip: BRADENTON, FL 34209

Title: V ( ) Delete  
Name: BELL, TODD R V  
Address: 3436 NO. 525 WEST  
City-St-Zip: LA PORTE, IN 46350

Title: AS ( ) Delete  
Name: HEEG, NORA V  
Address: 206 AUTUMN TRAIL  
City-St-Zip: MICHIGAN CITY, IN 46360 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LINDA S WAKEMAN

STD

04/28/2009

Electronic Signature of Signing Officer or Director

Date