

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000005929

1. Entity Name
WOODVALLEY COMPANY, INC.



FILED

06 DEC 22 PM 12:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1905 S 14TH STREET
FERNANDINA BEACH, FL 32034 US

Mailing Address
P O BOX 15688
FERNANDINA BEACH, FL 32035 US

2. Principal Place of Business

3. Mailing Address
3501-B N PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PMB #396

City & State

City & State
ST. AUGUSTINE FL

Zip

Country

Zip

Country

32084

U.S.A.

12012006 REIN-P CR2E098 (11/05) OL

4. FEI Number
58-2520271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, ROBERT
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
STRICKLAND, MATT
216 REDFISH CREEK DR.
SAINT AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200082458292
12/12/06--01013--005 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
BROWN, STEPHEN
P O BOX 15688
FERNANDINA BEACH, FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
BROWN, STEPHEN
1638 OCEAN FOREST DRIVE
FERNANDINA BEACH, FL 32034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$712/12 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/06

Date

(904) 261-5525

Daytime Phone #