


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90001 050 ***150.00

DOCUMENT # F01000004550

1. Entity Name
UNDERWOOD BUILDING CORPORATION



Principal Place of Business
**5554 BENEVA WOODS CIRCLE
 SARASOTA, FL 34233**

Mailing Address
**5554 BENEVA WOODS CIRCLE
 SARASOTA, FL 34233**

50001571



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
37-0864062

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**VOIGT, MELINDA A
~~202 ISLAND CIRCLE~~ 1809 S. LAKESHORE DR.
 SARASOTA, FL ~~34242~~ 34231**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME UNDERWOOD, ANNE H	
STREET ADDRESS 6035 WILSHIRE BLVD.	
CITY-ST-ZIP SARASOTA, FL 34238	
TITLE V	<input type="checkbox"/> Delete
NAME CLARY, FREDERICK W	
STREET ADDRESS 5554 BENEVA WOODS CIRCLE	
CITY-ST-ZIP SARASOTA, FL 34233	
TITLE ST	<input type="checkbox"/> Delete
NAME CLARY, CHRISTINE A	
STREET ADDRESS 5554 BENEVA WOODS CIRCLE	
CITY-ST-ZIP SARASOTA, FL 34233	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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: *Christine A. Clary*
CHRISTINE A. CLARY

Date: **1/10/05** Daytime Phone: **941-921-6864**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR