

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01768

FILED
Jan 07, 2009
Secretary of State

Entity Name: NORTH FLORIDA WOODLANDS, INC.

Current Principal Place of Business:

P.O. BOX 7
FLORIDA STATE HIGHWAY NO. 2 EAST
GRACEVILLE, FL 32440

New Principal Place of Business:

1820 HIGHWAY 2 EAST
GRACEVILLE, FL 32440

Current Mailing Address:

P.O. BOX 7
FLORIDA STATE HIGHWAY NO. 2 EAST
GRACEVILLE, FL 32440

New Mailing Address:

1820 HIGHWAY 2 EAST
GRACEVILLE, FL 32440

FEI Number: 59-2043574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE, C. FINLEY
FLORIDA STATE HIGHWAY NO. 2 EAST
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

MCRAE, C. FINLEY
1820 HIGHWAY 2 EAST
GRACEVILLE, FL 32440 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCRAE, C. FINLEY,
Address: FLA STATE HWY NO. 2 E.
City-St-Zip: GRACEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCRAE, C. FINLEY,
Address: 1820 HIGHWAY 2 EAST
City-St-Zip: GRACEVILLE, FL 32440

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: C. FINLEY MCRAE

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date