

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90447 018 \*\*\*150.00

**DOCUMENT # F03000001853**

1. Entity Name  
**WOODS EDGE CORPORATION**



Principal Place of Business  
**6535 GREENWICH RD., BOX 154  
WESTFIELD CTR, OH 44251**

Mailing Address  
**6535 GREENWICH RD., BOX 154  
WESTFIELD CTR, OH 44251**



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1801423**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAHN, PHILIP R  
112 N.W. 33RD COURT  
GAINESVILLE, FL 32607**

**DO NOT WRITE  
IN THIS SPACE**

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.

**Gerald D. Schackow**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/05**

**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	CPT
NAME	HAHN, PHILIP R
STREET ADDRESS	6535 GREENWICH RD., BOX 154
CITY - ST - ZIP	WESTFIELD CTR, OH 44251
TITLE	<del>NOV CPT</del> GERALD
NAME	SCHACKOW, GERALD D
STREET ADDRESS	8716 N.W. 6TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	DSV CV
NAME	HAHN, VIRGINIA A
STREET ADDRESS	6535 GREENWICH RD., BOX 154
CITY - ST - ZIP	WESTFIELD CTR, OH 44251
TITLE	D
NAME	SCHACKOW, JOANNE
STREET ADDRESS	8716 N.W. 6TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gerald D. Schackow**

Date

**4/27/05**

Daytime Phone #

**352-371-3000**