


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005176 1. Entity Name WOODCREST G.A., INC.	
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Principal Place of Business 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209	Mailing Address PO BOX 530510 BIRMINGHAM, AL 35253
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2473715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SISCO, DALE R 500 EAST KENNEDY BLVD., STE. 100 TAMPA, FL 33602
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**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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000401716
02/02/06-80054-021 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKER, MARTHA L 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, THOMAS J JR 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ADAMS, RICHARD M 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, WILLIAM S JR 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, ROBIN 2200 WOODCREST PLACE, STE. 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Martha Lee Acker* 1-18-06 205-414-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #