

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90052 009 ***150.00

DOCUMENT # F07735 1. Entity Name FLORIDA WOODLAND GROUP, INC.	
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Principal Place of Business 4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32604 32606	Mailing Address PO BOX 357845 GAINESVILLE, FL 32635
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2. Principal Place of Business 4127 NW 27th Ln Suite, Apt. #, etc. Suite A City & State Gainesville Zip 32606 Country Alachua	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2099358	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, DENNIS G. 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lisa Davies 4127 NW 27th Ln Suite A Gainesville, FL 32606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LEE, CARIDAD 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 ☐ 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
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 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: Dennis G. Lee Dennis G. Lee 352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #