# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 03, 2008**
**Secretary of State**

DOCUMENT# F22757

**Entity Name:** WOODROE FUGATE & SONS, INC.

**Current Principal Place of Business:**

SOUTH HIGHWAY 121
P. O. BOX 114
WILLSTON, FL 32696 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 98
WILLISTON, FL 32696 US

**New Mailing Address:**

**FEI Number: 59-2091268** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUGATE, NORM
248 NORTHWEST MAIN STREET
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: FUGATE, PATRICIA P
Address: POST OFFICE BOX 114
City-St-Zip: WILLISTON, FL 32696

Title: PD ( ) Delete
Name: FUGATE, DUANE A JR
Address: 15491 NE 30TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: SDV ( ) Delete
Name: FUGATE, STEVEN J
Address: 2990 NE 167TH COURT
City-St-Zip: WILLISTON, FL

Title: S ( ) Delete
Name: FUGATE, LEWIS D
Address: 627 SW 7TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: V ( ) Delete
Name: FUGATE, JEFFREY
Address: 3850 NE 160TH COURT
City-St-Zip: WILLISTON, FL 32696

Title: V ( ) Delete
Name: FUGATE, NORM D
Address: 248 NORTHWEST MAIN STREET
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NORM D. FUGATE V 01/03/2008

Electronic Signature of Signing Officer or Director Date