

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22757

FILED  
Jan 05, 2009  
Secretary of State

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:

16451 NE 30TH AVENUE  
P. O. BOX 114  
WILLSTON, FL 32696 US

## 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

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date