

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F61464

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: WOOD YOU OF REGENCY INCORPORATED

**Current Principal Place of Business:**

11280 BEACH BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

2320 LIBERTY ST., N.  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 59-2318116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEEDON, GERALD D  
1200 RIVERPLACE BLVD STE 800  
JACKSONVILLE, FL 32207 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: PD ( ) Delete  
Name: JOHNSTON, ALTON,  
Address: 420 MOCKINGBIRD LANE  
City-St-Zip: AUBURN, AL

Title: VS ( ) Delete  
Name: JOHNSTON, BARBARA J.,  
Address: 420 MOCKINGBIRD LANE  
City-St-Zip: AUBURN, AL

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

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 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 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: ALTON JOHNSTON

PD

04/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date