

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000004074

1. Entity Name

WOOD AND PARTNERS INCORPORATED



Principal Place of Business

**7 LAFAYETTE PLACE
HILTON HEAD, SC 29926**

Mailing Address

**P.O. BOX 23949
HILTON HEAD ISLAND, SC 29925**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0869638

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALCOLM, J. DAVID
612 S COPELAND STREET
TALLAHASSEE, FL 32304**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	WOOD, PERRY L. FASLA
STREET ADDRESS	7 LAFAYETTE PLACE
CITY-ST-ZIP	HILTON HEAD, SC 29926
TITLE	SVP
NAME	BAKER, MARK L
STREET ADDRESS	7 LAFAYETTE PLACE
CITY-ST-ZIP	HILTON HEAD, SC 29926
TITLE	P
NAME	HOUSEN, HARRY
STREET ADDRESS	154 KROG STREET, SUITE 100
CITY-ST-ZIP	ATLANTA, GA 30307
TITLE	V
NAME	THEODORE, TODD P
STREET ADDRESS	7 LAFAYETTE PLACE
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29926
TITLE	V
NAME	THEODORE, KYLE H
STREET ADDRESS	7 LAFAYETTE PLACE
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08 843-681-6618
Date Daytime Phone #