

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G07221 -

1. Entity Name
WOODGREEN, INC.



Principal Place of Business

1211 STATE RD. 436
SUITE 127
CASSELBERRY, FL 32707 US

Mailing Address

1211 STATE RD. 436
SUITE 127
CASSELBERRY, FL 32707 US

FILED
May 02, 2007 08:00 AM
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2392817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ALBERT R
1211 STATE RD. 436
SUITE 127
CASSELBERRY, FL 32707

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000753795
05/22/07-80035-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINKNEY, JOHN
STREET ADDRESS 290 KING ST
CITY-ST-ZIP OAKVILLE, ON, CAN,

TITLE VSTD
NAME PINKNEY, BRIAN
STREET ADDRESS 290 KING ST
CITY-ST-ZIP OAKVILLE, ON, CAN,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #