

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G48418
1. Entity Name
FERNWOOD ASSOCIATES, INC.



Principal Place of Business
120 E.GRANADA BLVD.
ORMOND BCH., FL 32176-6630

Mailing Address
120 E.GRANADA BLVD.
ORMOND BCH., FL 32176-6630



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2300799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AKERS, WILLIAM III
120 E.GRANADA BLVD.
ORMOND BCH., FL 32176-6630

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECT JOHNSTON, IKE W. 10 TWELVE OAKS DR. ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES AKERS, WILLIAM 120 E. GRANADA AVE. ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILLIAMS, S.L. 150 S. PALMETTO AVE. DAYTONA BEACH, FL 32115
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEBER, JEFFERY L 12 RIDGELAND DR STUART, FL 34996
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/09/06-80058-008 150.00

**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

Date

Daytime Phone #

2/21/06 772-220-3708