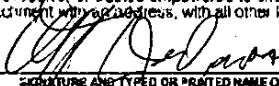


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90204 050 ***150.00

DOCUMENT # H33361			
1. Entity Name CLIFFORD L. WOOD, O.D., P.A.			
Principal Place of Business 408 EAST HWY. 90 BONIFAY, FL 32425 US		Mailing Address 7237 SR 52 BAYONET POINT, FL 34667 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 408 EAST HWY 90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BONIFAY FL	
Zip	Country	Zip 32425	Country
4. FEI Number 59-2539168		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYKO, RICHARD A EA 7237 SR 52 BAYONET POINT, FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent Signature required when not using)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD, CLIFFORD L 408 EAST HWY. 90 BONIFAY, FL 32425 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 116, 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 recorder 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: 		Date: 4/29/08 850 547 3402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

DR. CLIFF WOOD
OPTOMETRIST

408 EAST HIGHWAY 90

BONIFAY, FLORIDA 32425

(850) 547-3402

40089476
H33361

4/29/08

To Whom it May Concern:

I would like to change the mailing address for this report.

OLD ADDRESS: 7237 SR 52

Bayonet Point, FL. 34667

New ADDRESS: 2226 HWY 177A

Bonifay, FL. 32425

Thank you



Clifford Wood, OD, PA