04-29-'08 16 34 FROM-White Dove 7278617190

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	Mailing Address
408 EAST HWY. 90 BONIFAY, FL 32425 US	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

04292008 Chg-P CR2E034 (12/06)

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 ______ 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			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
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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 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] 4/29/08 850 547 3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40089476
H33361

DR. CLIFF WOOD
OPTOMETRIST

408 EAST HIGHWAY 90 BONIFAY, FLORIDA 32425 (850) 547-3402

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