


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 026 ***150.00

DOCUMENT # H38208 1. Entity Name WOODY'S TRUCKING, INC.					
Principal Place of Business 5400 AIRPORT RD 5151 KENILWORTH BLVD. SEBRING, FL 33870			Mailing Address 5400 AIRPORT RD 5151 KENILWORTH BLVD. SEBRING, FL 33870		
2. Principal Place of Business 5151 KENILWORTH BLVD Suite, Apt. #, etc.			3. Mailing Address 5151 KENILWORTH BLVD. Suite, Apt. #, etc.		
City & State SEBRING FL.		City & State SEBRING FL.		4. FEI Number 59-2474324	
Zip 33870		Country HIGHLANDS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, WOODROW 5400 AIRPORT ROAD SEBRING, FL 33870				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 5151 KENILWORTH BLVD. City SEBRING FL Zip Code 33870	
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 <u><i>Alpha Howard</i></u> ALPHA HOWARD <u>7-14-05</u> <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, WOODROW 5400 AIRPORT RD SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD, WOODROW 2001 MULLIGAN Rd. SEBRING FL. 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOWARD, ALPHA LOU 5400 AIRPORT RD SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD, ALPHA LOU 2001 MULLIGAN Rd. SEBRING FL. 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Alpha L. Howard</i></u> ALPHA L. HOWARD				<u>7/14/05</u> 863-385-7210 <small>Date Daytime Phone #</small>	