

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H74059

1. Entity Name
WILDWOOD ACRES DEVELOPMENT, INC.



Principal Place of Business
**13418 DOTTIE DRIVE
TAMPA, FL 33617 US**

Mailing Address
**2002 RICHARD JONES ROAD
SUITE 200A
NASHVILLE, TN 37215**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1281871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, STEVE
BUSH ROSS ATTORNEYS
220 FRANKLIN STREET
TAMPA, FL 33602**

**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**

**U00000447180
03/08/06-80046-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDREWS, NELSON
STREET ADDRESS 2002 RICHARD JONES RD STE A200
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE D
NAME ANDREWS, SUE
STREET ADDRESS 2002 RICHARD JONES RD STE A200
CITY-ST-ZIP NASHVILLE, TN 37215

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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 #

2-20-06

615-352-3300