## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # J19096

1. Entity Name

WOODLAND RUN EAST, INC.



Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

% ROBERT B. MONTGOMERY 1388 COUNTRY CLUB RD. **GULF BREEZE, FL 32563** 

Mailing Address

% ROBERT B. MONTGOMERY 1388 COUNTRY CLUB RD. **GULF BREEZE, FL 32563** 



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CR2E034 (11/05) No Chg-P 02152008

Applied For 4. FEI Number 59-2711257 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**FILED** 

6. Name and Address of Current Registered Agent

MONTGOMERY, ROBERT B. 1388 COUNTRY CLUB RD. GULF BREEZE, FL 32561

## 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)

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

05/01/08-80060-019 150.*0*0

10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, ROBERT B. 1388 COUNTRY CLUB DR. GULF BREEZE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILDER, HARRISON 412 N SUNSET BLVD GULF BREEZE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, RODNEY 200 W MIRACLE ST PKWY FT WALTON BEACH, FL					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
<ol><li>I hereby certify that the information supplied with this filing does not qualify for the exer</li></ol>						

DO NOT WRITE IN THIS SPACE

increacy certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 received 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:

ACER OR DIRECTOR