


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90248 021 \*\*\*150.00

<b>DOCUMENT # J31320</b>	
1. Entity Name <b>WILLIAM WOOD DESIGN, INC.</b>	

Principal Place of Business <b>2602 SOUTH DIXIE HWY SUITE 5 B WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>P.O. BOX 3286 PALM BEACH, FL 33480</b>
---	--

2. Principal Place of Business <b>3915 South Flagler Drive</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite #318</b>	Suite, Apt. #, etc.
City & State <b>West Palm Beach, FL</b>	City & State
Zip <b>33405</b>	Country <b>USA</b>

2004/0030  
  
01182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>WOOD, WILLIAM 255 EVERNIA ST #506 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Wood, William</b> Street Address (P.O. Box Number is Not Acceptable) <b>3915 South Flagler Drive</b> Suite <b>#318</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33405</b>	
---	--	---	--

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 *William Wood* DATE 4/19/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>WOOD, WILLIAM</b> <b>386 PALMETTO STREET</b> <b>WEST PALM BEACH, FL 33405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wood, William</b> <b>3915 South Flagler Drive #318</b> <b>West Palm Beach, FL 33405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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: *William Wood* William Wood DATE 4/19/05 5618325600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #