2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # J58637 1. Entity Name WOOD YOU OF TAMPA, INC.		-		Secretary of State
Principal Place of Business 7809 N DALE MABRY HWY TAMPA, FL 33614 US	Mailing Address 2320 N. LIBERTY ST JACKSONVILLE, FL 322	- · · · · · · · · · · · · · · · · · · ·		
	- -			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt #, etc	Suite, Apt. #, etc.			04012004 Chg-P CR2E034 (10/03)
City & State	City & State			4. FEI Number Applied For 59-2799327 Not Applicable
Zip Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address	of Current Registered Agent		Name	7. Name and Address of New Registered Agent
WEEDON, GERALD W 1200 RIVERPLACE BLVD				(P.O. Box Number is Not Acceptable)
STE 800 JACKSONVILLE, FL 32207				
JACKSONVILLE, 12 32207			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 tallo if explicable. (NOTE Registered Agent signature required when re-nestating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10OFFI	CERS AND DIRECTORS	₅ 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE D NAME JOHNSTON, ALTON T STREET ADDRESS 420 MOCKINGBIRD LT CITY-SI-ZIP AUBURN, AL			}	☐ Change ☐ Addition UD0000143058 04/30/04-80077-009 150.00
THE D NAME BLANKENSHIP, CHAR STREET ADDRESS 8006 GREEN GLADE (CHY-SI-ZIP JACKSONVILLE, FL			}	☐ Change ☐ Addition
NITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition
TITLE NAME STRELT ADDRESS GITY-57-ZIP	☐ Delete	1	§.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHT+ST-ZIP	☐ Delete		į.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information si	Delete	CITY	EET ADDRESS -ST-ZIP	Change Addition Ction 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this report or supplemental report is fixe 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: Mally H. Bankluship Jakes H. Blankenship

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