

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66472

Entity Name: WOODSON & ASSOCIATES, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2189 NORTH US #1
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

2189 NORTH US #1
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-2802904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, PERRY W., III
2189 N US 1
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

MILLER III, PERRY W
2189 N US 1
TITUSVILLE, FL 32796 US

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.

SIGNATURE: PERRY W. MILLER III

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, PERRY W III
Address: 2189 N US 1
City-St-Zip: TITUSVILLE, FL 32796

Title: TS () Delete
Name: MILLER, ADRIENNE M.
Address: 504 BOXWOOD LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V (X) Delete
Name: OVERSTREET, BYRON W
Address: 6250 DIXIE WAY
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V/P (X) Change () Addition
Name: MILLER, PERRY W III
Address: 2189 N US 1
City-St-Zip: TITUSVILLE, FL 32796

Title: S/T (X) Change () Addition
Name: MILLER, ADRIENNE M.
Address: 504 BOXWOOD LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE M. MILLER

S/T

04/28/2008

Electronic Signature of Signing Officer or Director

Date