2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90032 024 ***150.00

DOCUMENT # K41927

1. Entity Name
JOHN WOOD REALTY, INC.

Principal Place of Business	Mailing Address
C/O JOHN G. WOOD, JR. 3601 CYPRESS GARDENS RD. SUITE A WINTER HAVEN, FL 33884-2456	C/O JOHN G. WOOD, JR. 3601 CYPRESS GARDENS RD. SUITE A WINTER HAVEN, FL 33884-2456

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02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0085711
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, JOHN G., JR.
3601 CYPRESS GARDENS, RD. SUITE A
WINTER HAVEN, FL 33880

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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 _____ DATE
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOOD, JOHN G.
STREET ADDRESS	3601 CYPRESS GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	WOOD, THOMAS H.
STREET ADDRESS	3601 CYPRESS GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	WOOD, JOHN G., JR.
STREET ADDRESS	3601 CYPRESS GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John G Wood VP 2/20/04 561-324-5663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #