2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K41927

JOHN WOOD REALTY, INC.

Principal Place of Business

C/O JOHN G. WOOD, JR. 3601 CYPRESS GARDENS RD. SUITE A WINTER HAVEN, FL 33884-2456

Mailing Address

C/O JOHN G. WOOD, JR. 3601 CYPRESS GARDENS RD. SUITE A WINTER HAVEN, FL 33884-2456

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90280 033 ***150.00



DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

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 EL 33880

DO NOT WRITE

VIIIVICIVI	MACH, 12 33000		IN ⁻	THIS SPACE			
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	urpose of changing its registered office	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent sic	gnature required when reinstating)	DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing	\$5.00 May Be Added to Fees	UNIE			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JOHN G. 3601 CYPRESS GARDENS RD WINTER HAVEN, FL						
TITLE Name Street address City-St-Zip	D WOOD, THOMAS H. 3601 CYPRESS GARDENS RD WINTER HAVEN, FL						
TITLE Name Street address City-St-Zip	D WOOD, JOHN G., JR. 3601 CYPRESS GARDENS RD WINTER HAVEN, FL	`.	DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

ŞI		м	۸.	T)	iD	⊏.
O.	J	IN.	~	ı	JI	ᆮ.

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3(13(06

863-324-5663