


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # K41927 1. Entity Name JOHN WOOD REALTY, INC.	
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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
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DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0085711

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000898867 04/28/08-80015-022 150.00
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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
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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IN THIS SPACE**

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 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 Wood 4/10/08 863 324 9663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #