

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90016 037 \*\*\*150.00

<b>DOCUMENT # K52424</b> 1. Entity Name <b>WOODCOCK GALLERIES, INC.</b>					
Principal Place of Business <b>433 E ROMANA ST.</b> <b>PENSACOLA, FL 32502 US</b>			Mailing Address <b>C/O NANCY GREENFIELD</b> <b>1050 1057 LIONSGATE LANE</b> <b>GULF BREEZE, FL 32561 US</b> <b>32563</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-2925965</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BASS &amp; SANDFORT ACCOUNTANTS, INC.</b> <b>1301 W GARDEN ST.</b> <b>PENSACOLA, FL 32501-4504</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
DATE			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D WOODCOCK-GREENFIELD, NANCY MRS <del>913 GULF BREEZE PARKWAY, #10</del> <del>GULF BREEZE, FL 32561</del>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>433 E. Romana St</b> <b>Pensacola, FL 32502</b>		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Nancy W. Concentred</i> <span style="float: right;">FEB 20 107</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40000000



02102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2925965**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
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TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODCOCK-GREENFIELD, NANCY MRS	NAME	
STREET ADDRESS	<del>913 GULF BREEZE PARKWAY, #10</del>	STREET ADDRESS	<b>433 E. Romana St</b>
CITY-ST-ZIP	<del>GULF BREEZE, FL 32561</del>	CITY-ST-ZIP	<b>Pensacola, FL 32502</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** *Nancy W. Concentred* FEB 20 107  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date  
 Daytime Phone #