


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90005 022 \*\*\*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>1057 LIONSGATE LANE</b> <b>GULF BREEZE, FL 32561 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>900 E. MORENO ST.</b>		3. Mailing Address Suite, Apt. #, etc.																									
City & State Zip <b>32503</b> Country		City & State Zip Country																									
4. FEI Number <b>59-2925965</b>		Applied For <input type="checkbox"/> Not Applicable																									
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 <b>FL</b> Zip Code																									
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOODCOCK-GREENFIELD, NANCY MRS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>913 GULF BREEZE PARKWAY, #18</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF BREEZE, FL 32561</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WOODCOCK-GREENFIELD, NANCY MRS		STREET ADDRESS	913 GULF BREEZE PARKWAY, #18		CITY-ST-ZIP	GULF BREEZE, FL 32561		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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. Greenfield</i>		Date <b>02/26/08</b> Daytime Phone # <b>850 438 8345</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											