

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008680

Entity Name: WOOD INSURANCE, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

6609 WILLOW PARK DRIVE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6609 WILLOW PARK DRIVE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3682491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, D. MICHAEL
15730 PIPERS GLEN
FORT MEYERS, FL 33912 US

Name and Address of New Registered Agent:

SHERMAN, D. MICHAEL
15730 PIPERS GLEN
FORT MYERS, FL 33912 US

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.

SIGNATURE: _____

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PLAPPERT, STANLEY W
Address: 6609 WILLOW PARK DRIVE
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: WOOD, PHILLIP R
Address: 3255 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STANLEY W. PLAPPERT

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date