

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79282

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** WOOD & ASSOCIATES ACCOUNTING, INC.

**Current Principal Place of Business:**

455 DOUGLAS AVE  
STE 1055  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

455 DOUGLAS AVE  
STE 1055  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-3015276      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, SHIRLEY J  
429 E HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSON, SHIRLEY  
Address: 429 E HILLCREST STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP  
Name: JOHNSON, WARD M III  
Address: 429 E HILLCREST ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: SAYRE, AMANDA N  
Address: 455 DOUGLAS AVE STE 1055  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY J JOHNSON

PRES

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date