

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L99045 1. Entity Name BENNETT, WOODWARD & ASSOCIATES, P.A.				
Principal Place of Business 1238 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-722 US		Mailing Address 1238 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-722 US		
DO NOT WRITE IN THIS SPACE				
				 01292007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3026526		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOODWARD, JAMES F. 1238 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-2722		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	D			
NAME	WOODWARD, JAMES F.			
STREET ADDRESS	349 TROPICAL LN			
CITY-ST-ZIP	ORMOND BEACH, FL			
TITLE	D			
NAME	BENNETT, HAROLD L.			
STREET ADDRESS	1213 PARKSIDE DR			
CITY-ST-ZIP	ORMOND BEACH, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		JAMES F. WOODWARD 386-252-4669 1-29-07 Daytime Phone #		