

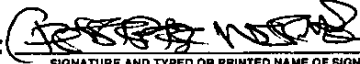


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90099 018 \*\*\*\*61.25

DOCUMENT # N02000001243					
1. Entity Name WOODVILLE KARST PLAIN PROJECT, INC.					
Principal Place of Business PO BOX 3031 TALLAHASSEE, FL 32315		Mailing Address PO BOX 3031 TALLAHASSEE, FL 32315		<p style="text-align: right; font-size: 24pt;"><b>50033883</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3729292	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WERNER, CHRISTOPHER 12053 CEDAR BLUFF TALLAHASSEE, FL 32312				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CPD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IRVINE, GEORGE	NAME	IRVINE, GEORGE		
STREET ADDRESS	318 INDIAN TRACE RD PMB 513	STREET ADDRESS	924 LAVENDER CIRCLE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	CITY-ST-ZIP	WESTON, FL 33327		
TITLE	MVTD <input type="checkbox"/> Delete	TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERNER, CHRISTOPHER	NAME	WERNER, CHRISTOPHER		
STREET ADDRESS	12053 CEDAR BLUFF	STREET ADDRESS	12053 CEDAR BLUFF		
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	HUNSUCKER, SCOTT	NAME			
STREET ADDRESS	804 ROMAR DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKINLEY, CASEY	NAME	MCKINLEY, CASEY		
STREET ADDRESS	14309 SEMINOLE TRL	STREET ADDRESS	615 SW 80TH DRIVE		
CITY-ST-ZIP	SEMINOLE, FL 33776	CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	JABLONSKI, JARROD	NAME			
STREET ADDRESS	7607 NW 29TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	KORITZ, TERENCE		
STREET ADDRESS		STREET ADDRESS	8262 ASHWORTH COURT		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32256		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		CHRISTOPHER WERNER		30-MAR-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				850-363-1458	