2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 19, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUM					. ~		J	·	
1. Entity Name	MENT # N04000004 WOOD CROSSING PROF FION, INC.					03-19-200	08 90024 ()36 ****6	1.25
Principal Place of Business 3684 TAMPA RD		Mailing Address 3684 TAMPA RD			100-				
SUITE 6		SUITE 6							
OLDSMAR, FL	346//	OLDSMAR, FL 346	//						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 20-11445	27		_ 	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Non		7. Name and Ac	dress of Ne	w Registered	Agent	
GALBRAITH	·	- ~	Name - Street		P.O. Box Number is	Not Accept:		~·	
229 TALLEY DR. SUITE 6			.37		AMPA	RA.	 -		
OLDSMAR,	FL 34677		City	1178	. b		·	7:- 0	
			01	,D5,	MAR		FL		671
	named entity submits this statement for ons of registered agent.	or the purpose of changing) its régistered offici	or registe	red agent, or both,	in the State of	i Horida. I am	tamiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered Agent sig	nature required	I when reinstating)		DATE	_	
									
	-		Campaign Financin nd Contribution.	· 🗆	\$5.00 May Be Added to Fees		Make chec lorida Depa	k payable t	o compression of the contract
10.	Oue by May 1, 2008 OFFICERS AND DI	Trust Für	nd Contribution.			Talk in	Make chec lorida Depa	k payable t rtment of S RECTORS IN	tate in the state
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