

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90017 006 \*\*\*150.00

**DOCUMENT # P00000017803**

1. Entity Name

WOODMEDE DEVELOPERS, INC.

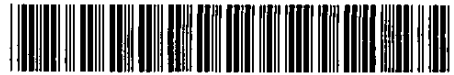


Principal Place of Business

16540 DAEZA DR.  
WINTER GARDEN FL 34787

Mailing Address

16540 DAEZA DR.  
WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3625863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ERIC R  
16540 DAEZA DRIVE  
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, ERIC R	
STREET ADDRESS	16540 DARIN DR	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, ERIC R	
STREET ADDRESS	16540 DAREN DR	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MOLLIE I	
STREET ADDRESS	16540 DAREN DR	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, DONNA M	
STREET ADDRESS	16540 DAREN DR	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ERIC S	
STREET ADDRESS	16540 DAEZA DR	
CITY- ST- ZIP	WINTER GARDEN, FL 34787	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ERIC R.	
STREET ADDRESS	16540 DAEZA DR	
CITY- ST- ZIP	WINTER GARDEN, FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONNA M	
STREET ADDRESS	16540 DAEZA DR	
CITY- ST- ZIP	WINTER GARDEN, FL 34787	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, Mollie I	
STREET ADDRESS	16540 DAEZA DR	
CITY- ST- ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Eric S Smith* P.D. 2-1-07 407 760 7882