2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000085039

1. Entity Name
WOODFIELD DEVELOPMENT COMPANY



Principal Place of Business 300 E NEW HAVEN AVE MELBOURNE, FL 32901 Mailing Address

300 É NEW HAVEN AVE MELBOURNE, FL 32901

FILED Feb 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3669457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PENCE, ROY J 300 E NEW HAVEN AVE MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	ih, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, hyped or printed name of registered agent and fills if	mattackto 6.00% fracionard	A (a) a - b	and the distribution of the last	DATE	
SQUARUS - Typer G. Francet users on editorian allow and this y annicemen. (VD) ⊏ valuetises ∀0:				Agent signature required when reinstaling) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	000000448605 03/09/06-800 20- 015 150. 0 0	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENCE, ROY J 300 E NEW HAVEN AVE MELBOURNE, FL 32901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PENCE, ROY J 300 E NEW HAVEN AVE MELBOURNE, FL 32901			•	• • • • • • • • • • • • • • • • • • • •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
NAME STREET ADDRESS CITY-S7-ZIP				. <u></u> -		
TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 path, 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 impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 - 70

Daytime Phone #