## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000101442

1. Entity Name

WOODS ENTERPRISES INCORPORATED



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

5441 NORTHWOOD RD CRESTVIEW, FL 32539

Mailing Address

5441 NORTHWOOD RD CRESTVIEW, FL 32539



## DO NOT WRITE IN THIS SPACE

02132007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3678795 Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, DONALD R 5441 NORTHWOOD RD CRESTVIEW, FL 32539

## DO NOT WRITE IN THIS SPACE

5.1257 VIEW, 7 E 32555			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the piions of registered agent.	burpose of changing its registere	d office or	registered agent, or be	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, DONALD R 5441 NORTHWOOD RD CRESTVIEW, FL 32539		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODS, JAMES R 5441 NORTHWOOD RD CRESTVIEW, FL 32539			.000000652054 03/12/07-80003-006 150:00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				. •		
TITLE NAME STREET ADDRESS		4'				

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:

Warde L Warde

CONALD R Wood

2-26-07

850-338-900 K