2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-10-2004 90027 032 ***150.00

DOCUMENT # P01000021324

1. Entity Name

WOODARD ENTERPRISES OF OKALOOSA COUNTY, INC.

66402810

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
993 S. FERDON BLVD. CRESTVIEW FL 32536	~~993 S. FERDON BLVD.~~ ~~CRESTVIEW FL 32536~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4770 Rolling Field Lane	Suite, Apt. #, etc.: P.O. Box 1103
City & State: Holt, Florida	City & State: Niceville, FL.
Zip: 32564 Country: OKALOOSA	Zip: 32588-1103 Country: OKALOOSA

4. FEI Number: 59-3699885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARD, PATRICIA
4770 ROLLING FIELDLANE
HOLT FL 32564

7. Name and Address of New Registered Agent

Name: Kenneth Woodard
Street Address (P.O. Box Number is Not Acceptable): 4770 Rolling Field Lane
City: Holt FL Zip Code: 32564

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: Kenneth Woodard DATE: 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODARD, PATRICIA 4770 ROLLING FIELD LANE HOLT FL 32564	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER PatriciaWoodard 4770RollingFieldLane Holt, Fl. 32564	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ALLEN, EILEENE 4780 ROLLING FIELDLANE HOLT FL 32564	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC WOODARD, KENNETH 4770 ROLLING FIELD L HOLT FL 32564	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President KENNETH Woodard 4770RollingFieldLane Holt, Fl. 32564	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODARD, MIKE 4776 ROLLING FIELDLANE HOLT FL 32564	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MikeWoodard 4776RollingFieldLane Holt, Fl. 32564	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Kenneth Woodard 02-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #