


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000080562 1. Entity Name WOODSHED DEVELOPMENT CORPORATION	
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Principal Place of Business C/O FULLER HOLSONBACK BIVINS & MALLOY, P.A. 400 NORTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	Mailing Address C/O FULLER HOLSONBACK BIVINS & MALLOY, P.A. 400 NORTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602
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02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIVINS, ROBERT W
FULLER HOLSONBACK BIVINS & MALLOY, P.A.
400 NORTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAGNE, ROBERT H 1300 BEN FRANKLIN DRIVE UNIT 601 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/23/07-80005-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Robert H Gagne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 777-517
9000
Date Daytime Phone #