

FILED
Feb 04, 2008 08:00 AM
Secretary of State

WOODLAND VENTURES, INC.

Mailing Address

3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926

DO NOT WRITE IN THIS SPACE



CR2E034 (11/05)

59-3754006

| |
|----------------|
| Not Applicable |
|----------------|

\$8.75 Additional
Fee Required

SOILEAU, JOHN L
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

02/12/08-80011-006 150.00

FILE NOW!!! FEE IS \$150.00
After May.1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | WATSON, VICTOR M |
| STREET ADDRESS | PO BOX 236007 |
| CITY-ST-ZIP | COCOA FL 329236007 |

| | |
|-----------------|---------------------|
| TITLE | D |
| NAME | SOILEAU, JOHN L |
| STREET ADDRESS | PO BOX 236007 |
| CITY - ST - ZIP | COCOA, FL 329236007 |

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | DELEO, JOSEPH E |
| STREET ADDRESS | PO BOX 236007 |
| CITY-ST-ZIP | COCOA, FL 329236007 |

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | BURGETT, STACY L |
| STREET ADDRESS | PO BOX 236007 |
| CITY-ST-ZIP | COCOA, FL 329236007 |

| | |
|-----------------|---------------------|
| TITLE | D |
| NAME | PICKLES, TIMOTHY F |
| STREET ADDRESS | PO BOX 236007 |
| CITY - ST - ZIP | COCOA, FL 329236007 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacy L. Burgett

1/28/08 (321) 631-1550

Date _____

Daytime Phone: