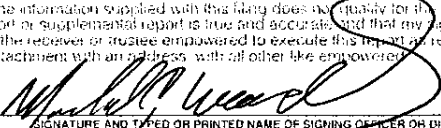


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90006 044 ***150.00

DOCUMENT # P02000008366 1. Entry Name MICHAEL C. WOODS CONSTRUCTION, INC.						
Principal Place of Business 2101 WEST HIGHWAY 390 #706 LYNN HAVEN, FL 32444			Mailing Address 2101 WEST HIGHWAY 390 #706 LYNN HAVEN, FL 32444			
2. Principal Place of Business 2101 West Highway 390			3. Mailing Address 2101 West Highway 390			
State Apt # etc. # 322			State Apt # etc. # 322			
City & State Lynn Haven			City & State Lynn Haven			
Zip 32444		Country Bay		Zip 32444		
Country Bay		4. FET Number 72-2986945 Correction: 75-2986945 Applied For: ☐ Not Applicable				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent WARNER, TIMOTHY M 442 GRACE AVENUE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
8. The above named entry 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 _____ Signature of Registered Agent or Agent in Charge of the Entry NOTE: Registered Agent's position must be in the state of Florida DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D ☐ Delete WOODS, MICHAEL C 2101 WEST HIGHWAY 390 #706 LYNN HAVEN, FL 32444			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Woods, Michael C. 2101 West Highway 390, # 322, Lynn Haven 32444	
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	
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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)(b), 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11.						
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day Month Year						

Michael C. Woods