## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATORE AND TYPED OR PR

## Secretary of State **DOCUMENT # P02000014201** 02-22-2007 90004 044 \*\*\*150.00 1. Entity Name REAL WOODS, INC. Principal Place of Business Mailing Address 4 U U W ~~ -1230 EAST AVE N 1230 EAST AVE N SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) Applied For City & State 4. FFI Number City & State 71-0870875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALSUM, DARYL Street Address (P.O. Box Number is Not Acceptable) 4964 HABANA DR SARASOTA, FL. 34235 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS President Addition TITLE ☐ Delete ALSUM, DARYL NAME NAME Chimm, Dary 1 4080 Mink Rd STREET ADORESS 4964 HABANA DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34235 CITY-ST-ZIP d, cotocorc 34235 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete MILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 securate 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 of trustee empowered by 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 life empowered.

FILED

Feb 22, 2007 8:00 am