

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90036 013 \*\*\*150.00

**DOCUMENT # P02000034258**

1. Entity Name  
D.M.S. WOOD FARMS, INC.



Principal Place of Business

8801 NW 72ND ST  
PARKLAND, FL 33067

Mailing Address

8801 NW 72ND ST  
PARKLAND, FL 33067

**50005414**



2. Principal Place of Business

P.O. BOX 2949

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2949

Suite, Apt. #, etc.

02222006

Chg-P

CR2E034 (11/05)

City & State

JUPITER FL

City & State

JUPITER, FL

4. FEI Number

02-0590998

Applied For

Not Applicable

Zip

33468

Country

USA

Zip

33468

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, RALPH  
8801 NW 72ND ST  
PARKLAND, FL 33067

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

316 SWEET BAY CIRCLE

City JUPITER

FL

Zip Code

33458

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.

RALPH U. HENDRIX, PRESIDENT

3/22/2006

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 HENDRIX, RALPH  
STREET ADDRESS 8801 NW 72ND ST  
CITY-ST-ZIP PARKLAND, FL 33067

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

SAME  
316 SWEET BAY CIRCLE  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

RALPH U. HENDRIX, PRES. (561)

3-22-06 626-5249