

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90008 003 ***150.00

DOCUMENT # P02000059851



1. Entity Name
WOODS PROPERTY MANAGEMENT, INC.

Principal Place of Business
**1809 GEIGEL AVE.
ORLANDO, FL 32806**

Mailing Address
**1809 GEIGEL AVE.
ORLANDO, FL 32806**

34062748



2. Principal Place of Business
5214 Phillips Oaks Ln.

3. Mailing Address
5214 Phillips Oaks Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-P

CR2E034 (10/03)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
82-0548627

Applied For
Not Applicable

Zip
32812

Country
USA

Zip
32812

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, STANFORD
1809 GEIGEL AVE.
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name **Woods - Stanford**

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

5214 Phillips Oaks Ln

City **Orlando**

FL

Zip Code **32812**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WOODS, STANFORD**
STREET ADDRESS **1809 GEIGEL AVE.**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☐ Delete
NAME **EWING, NATALIE C**
STREET ADDRESS **1809 GEIGEL AVE.**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Woods Stanford**
STREET ADDRESS **5214 Phillips Oaks Ln.**
CITY-ST-ZIP **Orlando FL 32812**

TITLE **D** ☒ Change ☐ Addition
NAME **Woods Natalie**
STREET ADDRESS **5214 Phillips Oaks Ln**
CITY-ST-ZIP **Orlando FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

7-13-04 407 3766772