


2008 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P02000059851		
1. Entity Name WOODS PROPERTY MANAGEMENT, INC.		

Principal Place of Business 5214 PHILLIPS OAKS LANE ORLANDO, FL 32812	Mailing Address 5214 PHILLIPS OAKS LANE ORLANDO, FL 32812
---	---

FILED
08 MAR 14 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0548627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOODS, STANFORD 5214 PHILLIPS OAKS LANE ORLANDO, FL 32812	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, STANFORD 5214 PHILLIPS OAKS LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWING, NATALIE C 5214 PHILLIPS OAKS LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

7/3/17

400121244974
03/25/08--01050--010 **288.75

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: <i>[Signature]</i>	3-7-00	407-208-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		