

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90031 028 ***150.00

DOCUMENT # P02000069135

1. Entity Name

RON WOODCOCK, P.A.



Principal Place of Business

954 S ORLANDO AVE
WINTER PARK FL 32789

Mailing Address

954 S ORLANDO AVE
WINTER PARK FL 32789

2. Principal Place of Business

954 South Orlando Ave
Suite, Apt. #, etc.

3. Mailing Address

954 South Orlando Ave.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Winter Park, Fla.

Zip
32789

Country

Orange

City & State

Winter Park, Fla.

Zip
32789

Country

Orange

4. FEI Number

04-3690882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODCOCK, RON
954 S ORLANDO AVE
WINTER PARK FL 32789

Name

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

City

FL

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

Ron Woodcock
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPVS ☐ Delete
NAME WOODCOCK, RON
STREET ADDRESS 954 S ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE T ☐ Delete
NAME WOODCOCK, RON
STREET ADDRESS 954 S ORLANDO AVE
CITY-ST-ZIP WINTER PARK FL 32789

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 #

Ron Woodcock P.A.

3/10/04

407-629-6330/312