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FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90504 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089270

1. Entity Name
CHARLES WAYNE WOOLDRIDGE, P.A.

20054L07

Principal Place of Business	Mailing Address
9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173	9360 SUNSET DRIVE SUITE 287 MAIMI, FL 33173

03202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3801 So. OCEAN DR.	3801 So. OCEAN DR
Suite, Apt. #, etc. 4F	Suite, Apt. #, etc. 4F
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33019 Country USA	Zip 33019 Country USA

4. FEI Number 03-0476810 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, JOHN W
9360 SUNSET DRIVE
SUITE 287
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name NICHOLS, JOHN W
Street Address (P.O. Box Number is Not Acceptable) 14890 SW 76 COURT
City MIAMI FL Zip Code 33158

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] JOHN W. NICHOLS 3/20/05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOOLDRIDGE, WAYNE 9360 SUNSET DRIVE, SUITE 287 MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PSTD WOOLDRIDGE, WAYNE 3801 So. OCEAN DR. #4F HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~☐ Change ☐ Addition~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WAYNE WOOLDRIDGE