

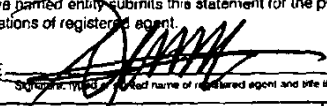
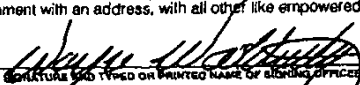
Mar 20 05 02:54p

hammons and assos

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.			
Principal Place of Business 9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173		Mailing Address 9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173	
2. Principal Place of Business 3801 SO. OCEAN DR. Suite, Apt. #, etc. 4F		3. Mailing Address 3801 SO. OCEAN DR. Suite, Apt. #, etc. 4F	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33019		Zip 33019	
Country USA		Country USA	
4. FEI Number 03-0478810		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: 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:  JOHN W. NICHOLS DATE: 3/20/05 (NOTE: Registered Agent signature required when reinstating)			
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	PSTD WOOLDRIDGE, WAYNE 3801 SO. OCEAN DR. # 4F HOLLYWOOD, FL 33019 ☒ 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
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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)(l), 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:  WAYNE WOOLDRIDGE		Date: 3/21/05 Daytime Phone:	

20054107



03202005 Chg-P CR2E034 (10/03)