


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000096028	
1. Entity Name EVERETT WOOD FERNERIES, INC.	

Principal Place of Business 1880 SEYMOUR ROAD BARBERVILLE FL 32105	Mailing Address P.O. BOX 456 BARBERVILLE FL 32105
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 14-1846334 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, PRESTON E
1880 SEYMOUR ROAD
BARBERVILLE FL 32105

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOOD, PRESTON E 1880 SEYMOUR ROAD BARBERVILLE FL 32105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000609373 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/01/07-80047-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS WOOD, TAMMY 1880 SEYMOUR ROAD BARBERVILLE FL 32105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tammy Wood Tammy Wood 1-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #