2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 21, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000099902 1. Entity Name WOODHAM'S GARAGE, INC. Principal Place of Business____ Mailing Address 15391 NW HIGHWAY 19 15391 NW HIGHWAY 19 CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 No Chg-P CR2E034 (10/03) 01162005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0427997 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOODHAM, JAMES F 9451 NW 120TH STREET CHIEFLAND, FL 32626 IN THIS SPACE 5. 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOODHAM, JAMES F NAME U00000188331 01/2<u>4/05</u>-80052-004 150.00 STREET ADDRESS 9451 NW 120TH STREET CHIEFLAND, FL 32626 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attaged ment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

FILED