


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90012 010 ***150.00

DOCUMENT # P02000118138 1. Entity Name WOOD CONSTRUCTION SERVICES, INC.																													
Principal Place of Business 2225 TAMARIND DRIVE EDGEWATER, FL 32141			Mailing Address 2225 TAMARIND DRIVE EDGEWATER, FL 32141																										
2. Principal Place of Business 2024 Hibiscus Dr Suite, Apt. #, etc. UNIT B City & State EDGEWATER FL Zip 32141		3. Mailing Address 2024 Hibiscus Dr Suite, Apt. #, etc. UNIT B City & State EDGEWATER FL Zip 32141																											
Country USA		Country USA		01072004 Chg-P CR2E034 (10/03)																									
4. FEI Number NOT APPLICABLE				Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WOOD, CUYLER R 2225 TAMARIND DRIVE EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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: <i>Cuyler R. Wood</i> DATE: <i>1/07/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <i>Cuyler R. Wood</i> PRES.			DATE: <i>1/07/04</i> 386-428-6300																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

RECEIVED
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SECRETARY OF STATE