2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022077

1. Entity Name BISON WOOD, INC.



Principal Place of Business

Mailing Address

2555 ENTERPRISE ROAD STE 11-1 CLEARWATER, FL 33763 2555 ENTERPRISE ROAD STE 11-1 CLEARWATER, FL 33763

FILED Jan 31, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1556122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, CARTER B 201 NORTH FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	stered office or r	egistered agent, or bo	th. in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETOT, KATHRYN P 2780 WESTCHESTER DR SO CLEARWATER, FL 33763		U00000807258 02/07/08-80001-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETOT, FRANCOIS C 2780 WESTCHESTER DR SO CLEARWATER, FL 33763			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETOT, MARC F 217 KATHERINE BLVD. #2810 PALM HARBOR, FL 34684		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAND OFFICE

Francois C. Petot

13808 727 796 4518

Daytime Phone