

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

**DOCUMENT # P03000022077**

1. Entity Name  
**BISON WOOD, INC.**



08 FEB 26 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2555 ENTERPRISE ROAD STE 11-1  
CLEARWATER, FL 33763**

Mailing Address  
**2555 ENTERPRISE ROAD STE 11-1  
CLEARWATER, FL 33763**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/27/08 80001 014  
\$150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 727 796 4518  
Date Daytime Phone #

KS