## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P030000325 WOOD OAKS FARM, INC.	39		Secretar	y of State
Principal Plac	e of Business	Mailing Address	<del></del>	1	
5016 FORD GREENWOOD	ROAD J, FL 32443	5016 FORD ROAD Greenwood, FL 32443			NCON INCOME PROPERTY OF COME
	The second secon		Land of the same of the		
i 				03122005 No Chg-P CR2E034	(10/03)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 02-0683544	Applied For Not Applicable
					3.75 Additional e Required
	6. Name and Address of Current Re	gistered Agent			,
BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for thins of registered agent.  Signature, typed of printed name of registered agent and	·	red office or registe	ered agent, or both, in the State of Florida. I am fan  id when reinstating)  DATE	niliar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.	noing <b>\$5</b>	i.00 May Be ded to Fees	
10.	OFFICERS AND DI	RECTORS		and the second s	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
TITLE NAME	D FORD, GEORGE L	<del>-</del> <del>-</del> -			
STREET ADDRESS	5016 FORD ROAD	· •	}		
CITY-ST-ZIP	GREENWOOD, FL 32443			w .	
TITLE	D			·· .	
NAME Street address	STOUTAMIRE, ALLISON F POST OFFICE BOX 547				
CITY-ST-ZIP	MALONE, FL 32445				
TITLE				00000265565 03/16/05-80062-0	
NAME					21 150.00
STREET ADDRESS CITY - ST-ZIP		DO NOT WRITE			
TITLE				IN THIS SDACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05

850-569-2868

Daytime Phone #