


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000041076</b> 1. Entity Name <b>EDWARD T. WOODRUFF, INC.</b>					
Principal Place of Business <b>31283 SATINLEAF RUN BROOKSVILLE FL 34602</b>			Mailing Address <b>31283 SATINLEAF RUN BROOKSVILLE FL 34602</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>52-2023432</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WOODRUFF, EDWARD T 31283 SATINLEAF RUN BROOKSVILLE FL 34602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>P WOODRUFF, EDWARD T</b> STREET ADDRESS <b>31283 SATINLEAF RUN</b> CITY-ST-ZIP <b>BROOKSVILLE FL 34602</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME <b>000000458395</b> STREET ADDRESS <b>03/17/06-80044-001</b> CITY-ST-ZIP <b>150.00</b>		
TITLE <input type="checkbox"/> Delete NAME <b>ST WOODRUFF, MARGARET E</b> STREET ADDRESS <b>31283 SATINLEAF RUN</b> CITY-ST-ZIP <b>BROOKSVILLE FL 34602</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <i>Edward T. Woodruff</i> Edward T. Woodruff 2/11/2006 352 796 96</b>					