

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047094

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: WOODARD ENTERPRISES OF PASCO COUNTY, INC.

## Current Principal Place of Business:

37250 HIGHRIDGE DRIVE  
DADE CITY, FL 33525

## New Principal Place of Business:

## Current Mailing Address:

37250 HIGHRIDGE DRIVE  
DADE CITY, FL 33525

## New Mailing Address:

P.O. BOX 1116  
DADE CITY, FL 33526

FEI Number: 65-1008991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODWARD, KEN  
37250 HIGHRIDGE DRIVE  
DADE CITY, FL 33525 US

## Name and Address of New Registered Agent:

WOODARD, KEN  
37250 HIGHRIDGE DRIVE  
DADE CITY, FL 33525 US

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.

SIGNATURE: KEN WOODARD

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOODWARD, KEN  
Address: 37250 HIGHRIDGE DRIVE  
City-St-Zip: DADE CITY, FL 33525

Title: SD ( ) Delete  
Name: WOODWARD, RACHAEL  
Address: 37250 HIGHRIDGE DRIVE  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WOODARD, KEN  
Address: 37250 HIGHRIDGE DRIVE  
City-St-Zip: DADE CITY, FL 33525

Title: SD (X) Change ( ) Addition  
Name: WOODARD, RACHAEL  
Address: 37250 HIGHRIDGE DRIVE  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN WOODARD

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date