

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000056869

1. Entity Name
JOHN WOOD REALTY REFERRALS, INC.



**FILED
Mar 27, 2006 8:00 am
Secretary of State**

03-27-2006 90280 036 ***150.00

Principal Place of Business
3601 CYPRESS GARDENS ROAD
SUITE A
WINTER HAVEN, FL 33884

Mailing Address
3601 CYPRESS GARDENS ROAD
SUITE A
WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1190124	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, JOHN G JR.
3601 CYPRESS GARDENS ROAD
SUITE A
WINTER HAVEN, FL 33884

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D WOOD, JOHN G JR. 3601 CYPRESS GARDENS ROAD #A WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, THOMAS H 3601 CYPRESS GARDENS ROAD #A WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Anne V Wood, Controller 3/16/06 863-324-9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Anne V Wood Date 3/16/06
Daytime Phone #