

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000056869

1. Entity Name
JOHN WOOD REALTY REFERRALS, INC.



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

04032008 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

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000895040
04/24/08-80052-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOOD, JOHN G JR.
STREET ADDRESS 3601 CYPRESS GARDENS ROAD #A
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME WOOD, THOMAS H
STREET ADDRESS 3601 CYPRESS GARDENS ROAD #A
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/10/08 8633249663

Date

Daytime Phone #