

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90063 011 \*\*\*150.00

<b>DOCUMENT # P03000070110</b> 1. Entity Name <b>WOOD CONTRACTING CORP.</b>					
Principal Place of Business <b>RT. 20 BOX 499 LAKE CITY, FL 32055 US</b>			Mailing Address <b>P.O. BOX 3535 LAKE CITY, FL 32056 US</b>		
2. Principal Place of Business <b>4816 US Hwy 90w Ste 100</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. <b>Ste 100</b>		Suite, Apt. #, etc.			
City & State <b>LAKE CITY, FL</b>		City & State			
Zip <b>32055</b>		Country <b>USA</b>			
4. FEI Number <b>20-0043490</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WOOD, WILLIAM G RT. 28 BOX 531 LAKE CITY, FL 32025</b>			7. Name and Address of New Registered Agent Name <b>William G Wood</b> Street Address (P.O. Box Number is Not Acceptable) <b>4816 US Hwy 90w Ste 100</b> City <b>LAKE CITY</b> <b>FL</b> Zip <b>32055</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WOOD, WILLIAM G RT. 28 BOX 531 LAKE CITY, FL 32025</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COX, CHRIS W RT. 16 BOX 596 LAKE CITY, FL 32055</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC TERRY, JEFFREY D 319 SW DUCKETT CT LAKE CITY, FL 32024</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:</b>			Date <b>4-12-05</b> <span style="float: right;">386 755-2411</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		