


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000075515
 1. Entity Name
 WOOD BROTHERS TRUCKING INC.



Principal Place of Business Mailing Address
 11000 NW CR 274 11000 NW CR 274
 ALTHA, FL 32421 ALTHA, FL 32421

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 20-0535314 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOOD, THOMAS W
 11000 N.W. COUNTY RD. 274
 ALTHA, FL 32421

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOOD, THOMAS W
STREET ADDRESS	11000 NW CR 274
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	VP
NAME	WOOD, JAMES M
STREET ADDRESS	64 PINETREE TRAIL
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	S
NAME	WOOD, HEATHER M
STREET ADDRESS	11000 NW CR 274
CITY-ST-ZIP	ALTHA, FL 32421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/25/05-80019-013 150.00

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.

SIGNATURE: Thomas Wood President 4-21-05 850 762 4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #