

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092776

Entity Name: JANE WOOD CONTRACTOR, INC.

FILED  
Mar 23, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 969  
HIGHLAND CITY, FL 33846

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 969  
HIGHLAND CITY, FL 33846

## New Mailing Address:

FEI Number: 54-0843241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, JANE  
89 SHADOW LANE  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: WOOD, JANE  
Address: PO BOX 969  
City-St-Zip: HIGHLAND CITY, FL 338460969

Title: DVS ( ) Delete  
Name: WOOD, ROBERT G  
Address: 392 NE 9TH STREET  
City-St-Zip: MULBERRY, FL 33860

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANE WOOD

Electronic Signature of Signing Officer or Director

PDT

03/23/2005

Date