

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90065 045 ***150.00

DOCUMENT # P03000096965

1. Entity Name
WOODY'S RIVER ROO, INC.



Principal Place of Business
**6818 BAYSHORE RD.
PALMETTO, FL 34221**

Mailing Address
**6818 BAYSHORE RD.
PALMETTO, FL 34221**

20013406



02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5717 18th Street East
Suite, Apt. #, etc.

3. Mailing Address
5717 18th Street East
Suite, Apt. #, etc.

City & State
Ellenton, Florida

City & State
Ellenton, Florida

4. FEI Number
04-3772802

Applied For
☐ Not Applicable

Zip Country
34222 USA

Zip Country
34222 USA

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

6. Name and Address of Current Registered Agent

**BARNES, GARRET T ESQ.
3119 MANATEE AVENUE WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name
DONALD W. YETTER, P. A.
Street Address (P.O. Box Number is Not Acceptable)
1111 Ninth Avenue West
Suite B
City
Bradenton FL Zip Code
34205

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

Donald W. Yetter

DONALD W. YETTER, P. A.

2/10/2005

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOODRING, ROBERT A SR 3818 BAYSPARK RD PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRD WOODRINE, ROBERT A JR 2408 16TH ST W PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODBRINE, CHRISTINA 6818 BAYSHORE ROAD PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOODRING, ROBERT A. SR. 6818 Bayshore Road Palmetto, Florida 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D WOODRING, ROBERT A. JR. 1728 17th Street West Palmetto, Florida 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WOODRING, CHRISTINA 6818 Bayshore Road Palmetto, Florida 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Woodring Jr. 2-16-05 941-722-2391

Date

Daytime Phone #