

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000117572

Entity Name: CHAD WOOD, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8249 SW 19TH LN  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8249 SW 19TH LN  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 20-0322759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, CHAD V  
8249 SW 19TH LN  
OCALA, FL 34481 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WOOD, CHAD  
Address: 8249 SW 19TH LN  
City-St-Zip: OCALA, FL 34481

Title: VP  
Name: KONOPINSKI, CHRIS E  
Address: 9150 NE 37 AVE  
City-St-Zip: ANTHONY, FL 32617

Title: VP  
Name: COLBURN, CARL  
Address: PO BOX 35  
City-St-Zip: ANTHONY, FL 32617

I hereby 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 all other like empowered.

SIGNATURE: CHAD WOOD

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date