

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000130662

1. Entity Name
TRAVIS WOODRUFF INC



Principal Place of Business

113 CANNON COURT
PALATKA, FL 32177

Mailing Address

113 CANNON COURT
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0389659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODRUFF, TRAVIS
113 CANNON COURT
PALATKA, FL 32177

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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 *Travis Woodruff*

Signature, typed or printed name of registered agent and title if applicable

Travis Woodruff

(NOTE: Registered Agent signature required when reinstating)

5/9/06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
WOODRUFF, TRAVIS
113 CANNON COURT
PALATKA, FL 32177

TITLE
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STREET ADDRESS
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000000565006
05/20/06-80099-018 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Travis Woodruff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/06 329 555