

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000130662

1. Entity Name  
TRAVIS WOODRUFF INC



Principal Place of Business

3415 PARK STREET  
PALATKA, FL 32177

Mailing Address

3415 PARK STREET  
PALATKA, FL 32177

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL 12 PM 12:30



04082008 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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WOODRUFF, TRAVIS  
3415 PARK STREET  
PALATKA, FL 32177

**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: *Travis Woodruff*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/09

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	PRES WOODRUFF, TRAVIS 3415 PARK STREET PALATKA, FL 32177
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600158112476  
07/02/09--01038--005 \*\*150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Travis Woodruff*

6/25/09