2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000140801** 1. Entity Name 02-10-2004 90007 040 ***150.00 BRYANT WOOD, JR., INC. Principal Place of Business Mailing Address 2201 NW 125 TERRACE ROAD 2201 NW 125 TERRACE ROAD SILVER SPRINGS, FL 34488 SILVER SPRINGS, FL 34488 2. Principal Place of Business 3. Mailing Address 2201 NE 125 Terrace Road 2201 NE 125 Terrace Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E034 (10/03) 4. FEI Number 81-0639075 City & State City & State X Applied For Silver Springs, FL Silver Springs, Fl Not Applicable Zip ~34488~ 34488 Country TUSA - Country [JSA \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dottie F. Wood WOOD, DOTTIE F O Box Number is Not Acceptable) NE 125th Terrace Road 2201 NW 125 TERRACE ROAD SILVER SPRINGS, FL 34488 Zip Code 34488 Springs 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. Dottie F. Wood Wood (NOTE: Registered Agent signature re DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition Bryant Wood Jr. 2201 NE 125 Terrace Road NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Silver Springs, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Bryant Wood Jr. Degnature and typed on Printee Name of Skining Officer on Director 3521625-3305

FILED