


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90034 024 \*\*\*150.00

DOCUMENT # P03000141609	
1. Entity Name W M WOODS CORPORATION	

Principal Place of Business 650 WILDWOOD DRIVE NEW SMYRNA BEACH FL 32168	Mailing Address 650 WILDWOOD DRIVE NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business - No P.O. Box # <i>650 Wildwood Dr</i>	3. Mailing Address <i>650 Wildwood Dr</i>
State, Apt. #, etc.	State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <i>New Smyrna Beach, FL</i>	City & State <i>New Smyrna Beach, FL</i>
Zip <i>32168</i>	Zip <i>32168</i>
Country <i>Volusia</i>	Country <i>Volusia</i>

4. FEI Number 55-0854540	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GORDON ROTHERMEL CPA 1217 PALMETTO STREET NEW SMYRNA BEACH FL 32168
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Gordon Rothermel* *Dops* DATE *2-27-08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when renewing.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, WILLIAM M 650 WILDWOOD DR NEW SMYRNA BEACH FL 32168 <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
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	<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
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 exemptions contained in Section 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: *William M. Woods* *William M. Woods* DATE: *2-27-08* TELEPHONE: *386-427-4563*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #