


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90187 034 \*\*\*150.00


<b>DOCUMENT # P03000143835</b>	
1. Entity Name <b>LAVON WOOD, INC</b>	

Principal Place of Business <b>5706 GRAYMONT LANE PENASCOLA, FL 32526</b>	Mailing Address <b>5706 GRAYMONT LANE PENASCOLA, FL 32526</b>
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2. Principal Place of Business <b>28370 County Rd 87</b> Suite, Apt. #, etc.	3. Mailing Address <b>28370 County Rd 87</b> Suite, Apt. #, etc.
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City & State <b>Robertsdale, AL</b>	City & State <b>Robertsdale, AL</b>
Zip <b>36567</b>	Country

**00054791**



04142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0449089</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>WOOD, JAMES L 5706 GRAYMONT LANE PENSACOLA, FL 32526</b>	
7. Name and Address of New Registered Agent Name <b>Debbie Wood</b> Street Address (P.O. Box Number is Not Acceptable) <b>TRICARE SVS Center</b> <b>1000 W. Hwy 98</b> <b>Pensacola</b> <b>FL</b> Zip Code <b>32512</b>	

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 *Debbie Wood* **VPTD** DATE **4-17-06**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WOOD, JAMES L 5706 GRAYMONT LANE PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>28370 Co Rd 87 Robertsdale, AL 36567</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD WOOD, DEBBIE Y 5706 GRAYMONT LANE PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>28370 Co Rd 87 Robertsdale, AL 36567</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *James L Wood* DATE **4-14-06** 850-255-0409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR