

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144746

1. Entity Name

RON WOODARD ENTERPRISES, INC.



Principal Place of Business

600 NW 56 CT.
OCALA, FL 34482

Mailing Address

600 NW 56 CT.
OCALA, FL 34482



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0462503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODARD, RONALD K
600 NW 56 CT.
OCALA, FL 34482

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000408775
02/08/06-80074-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PVST |
| NAME | WOODARD, RONALD K |
| STREET ADDRESS | 600 NW 56 CT. |
| CITY-ST-ZIP | OCALA, FL 34482 |
| TITLE | D |
| NAME | WOODARD, RONALD K |
| STREET ADDRESS | 600 NW 56 CT. |
| CITY-ST-ZIP | OCALA, FL 34482 |
| TITLE | D |
| NAME | WOODARD, JASON |
| STREET ADDRESS | 305 WILDA AVE |
| CITY-ST-ZIP | INVERNESS, FL 34452 |
| TITLE | D |
| NAME | WELCH, JEFFREY E |
| STREET ADDRESS | 15077 SW 38TH TER |
| CITY-ST-ZIP | OCALA, FL 34473 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Ronald K Woodard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06 (352) 817-9185

Date

Daytime Phone #