2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000000245

1. Entity Name
WOODWARD DEVELOPERS INC.

Principal Place of Business	Mailing Address
6647 MANGROVE WAY NAPLES, FL 34109	6647 MANGROVE WAY NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0577708	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, WILLIAM
6647 MANGROVE WAY
NAPLES, FL 34119

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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
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, 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	P
NAME	OWENS, WILLIAM
STREET ADDRESS	6647 MANGROVE WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: _William Owens_ Pres.   1-5-07   239 877-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #