2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P0400004916 1. Enlity Name WOOD FINANCIAL INSURANCE GROUP, INC.						05-03-2004				
Principal Place	e of Business	Mailing Address					130	11001	~	
750 HAMSHI	RE BLVD	750 HAMSHIRE BLVD					•			
STE 2 BEVERLY HILLS, FL 34465		STE 2 Beverly Hills, Fl 34465								
		DEVERET HILLS, FE 34	VERET THEE3, 12 34403							
Principal P	lace of Business RIN	3. Mailing Address 750 Hampshire								
Suite, Apt.	ampsnire Div	Suite, Apt. #, etc.			04292004	Cha D	CDOEA	34 (40(00)		
2	·	2			1	Chg-P		34 (10/03)		
Citru Citru	's Springs FL	City & State	ingsfl	4. FEI Numbe	509076	3	<u> </u>	plied For Applicable		
34434 Country		34434	Country	S 4	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R		<u> </u>		
WOOD, ROBERT E					ie .					
	MPIONSHIP CUP LN	Street Address			(P.O. Box Number is Not Acceptable)					
BROOKS	/ILLE, FL 34609		ŀ							
	·		-	City			FL	Zip Code		
					and appert or ha	the in the State of Ele				
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 1/28/2004										
Signature, tyred or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) / DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
	ay 1, 2004 Fee will be \$550.0	Trust Fund Cont	tribution.	☐ Add	led to Fees					
10.	OFFICERS AND I	 DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
TITLE	P Delete T							☐ Change	Addition	
NAME STREET ADDRESS	WOOD, ROBERT E 5219 CHAMPIONSHIP CUP LN			r adoress						
CITY-ST-ZIP				ST-ZiP			•			
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NAME STREET ADDRESS	WOOD, PATRICIA A			r address						
CITY-ST-ZIP				ST-ZIP					1	
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NAME			NAME						-	
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NAME		Control of the contro	NAME					Transity of the same		
STREET ADDRESS	· ·		4	T ADDRESS					[
CITY-ST-ZIP	cartily that the information available with	this filled does not apply to	CITY S	I	action (10.07/2)	(i) Florida Statutan	I further ser	tifu that the i-	dormalian	
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 trug 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 an other like empowered.										
changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: 1 4/28/2004 (352) 746-0606									0606	
1 2121141	SIGNATURE AND THEFT OF THE	DINTED HAVE OF COMING DESIGN	AD MOPATA	·	· / `	C) V		· · · · ·	~ ~ ~ ~ ~ ~	