

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90772 009 \*\*\*158.75

**DOCUMENT # P04000004916**

1. Entity Name  
**WOOD FINANCIAL INSURANCE GROUP, INC.**



Principal Place of Business  
**750 HAMPSHIRE BLVD  
STE 2  
BEVERLY HILLS, FL 34465**

Mailing Address  
**750 HAMPSHIRE BLVD  
STE 2  
BEVERLY HILLS, FL 34465**

14010012



2. Principal Place of Business  
**750 Hampshire Blvd**  
Suite, Apt. #, etc. **2**

3. Mailing Address  
**750 Hampshire**  
Suite, Apt. #, etc. **2**

04292004 Chg-P CR2E034 (10/03)

City & State  
**Citrus Springs, FL**

City & State  
**Citrus Springs, FL**

4. FEI Number  
**80-0090763**  
Applied For  
Not Applicable

Zip  
**34434**  
Country  
**USA**

Zip  
**34434**  
Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WOOD, ROBERT E  
5219 CHAMPIONSHIP CUP LN  
BROOKSVILLE, FL 34609**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **Robert E Wood** DATE **4/28/2004**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, ROBERT E	NAME	
STREET ADDRESS	5219 CHAMPIONSHIP CUP LN	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, PATRICIA A	NAME	
STREET ADDRESS	5219 CHAMPIONSHIP CUP LN	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34609	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: **Robert E Wood** DATE **4/28/2004** (352) 746-0606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #