

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 30, 2005 8:00 am
Secretary of State

03-02-2005 90090 038 ***150.00

66007930



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000031218					
1. Entity Name WOOD CONCEPTS CO.					
Principal Place of Business 4485 OLYMPIC DRIVE COCOA FL 32927			Mailing Address 4485 OLYMPIC DRIVE COCOA FL 32927		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 510496593	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GANNON, ALEXANDER 4485 OLYMPIC DRIVE COCOA FL 32927			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	GANNON, ALEXANDER				
STREET ADDRESS	4485 OLYMPIC DRIVE				
CITY-ST-ZIP	COCOA FL 32927				
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE	NAME				
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 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: <u>Alexander M Gannon</u> <u>2/26/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					