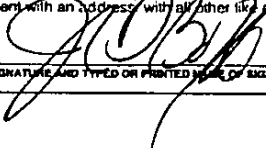


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/26/2005-90140-007-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10:51

DOCUMENT # P04000043721					
1. Entity Name WOODTHRUSH DEVELOPMENT CORPORATION					
Principal Place of Business 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145			Mailing Address 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145		
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 20-0834869				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOFF, JOSEPH 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	BOFF, JOSEPH				
STREET ADDRESS	942 N. COLLIER BLVD				
CITY-ST-ZIP	MARCO ISLAND, FL 34145				
TITLE	☐ Delete				
NAME	OYER, STEVE				
STREET ADDRESS	942 N. COLLIER BLVD.				
CITY-ST-ZIP	MARCO ISLAND, FL 34145				
TITLE	☐ Delete				
NAME	WILSON, TERRI				
STREET ADDRESS	942 N. COLLIER BLVD.				
CITY-ST-ZIP	MARCO ISLAND, FL 34145				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
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: 			JOSEPH D BOFF		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/2/05 239-394-9107		

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