

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0834809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRIS, WILLIAM G ESQ 247 N COLLIER BLVD, SUITE 202 MARCO ISLAND, FL 34145	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOFF, JOSEPH 942 N. COLLIER BLVD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, TERRI 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145
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**DO NOT WRITE
IN THIS SPACE**

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: JOSEPH BOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 239 394 9107
Date Daytime Phone #