


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000046575

1. Entity Name
WOODY'S ROOFING INC.



Principal Place of Business
**3420 S.E. 183 AVE. ROAD
OCKLAWAHA, FL 32179**

Mailing Address
**PO BOX 1639
SILVER SPRINGS, FL 34489**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0084090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELAGO, JAMES W
3420 S.E. 183 AVE. ROAD
OCKLAWAHA, FL 32179**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PDT DELAGO, JAMES W P.O. BOX 1639 SILVER SPRINGS, FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV HICKS, TANYA P.O. BOX 1639 SILVER SPRINGS, FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/25/07-80018-001 150.00

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: James W Delago **James W Delago** 1-17-07 352-625-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #