

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90204 013 \*\*\*150.00

<b>DOCUMENT # P04000055873</b> 1. Entity Name <b>WOOD NATION, INC.</b>			
Principal Place of Business <b>7801 N. 57TH ST. TAMPA FL 33617 US</b>		Mailing Address <b>7801 N. 57TH ST. TAMPA FL 33617 US</b>	
2. Principal Place of Business <b>NEW ADDRESS 2</b> <b>10740 PLANTATION BAY DR.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>TAMPA, FL</b>		City & State <b>FL</b>	
Zip <b>33647</b>		Country <b>HILLSBOROUGH</b>	
4. FEI Number <b>20-0966839</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HANNAM, RICHARD L 7801 N. 57TH ST. TAMPA FL 33617</b> <b>ADDRESS CHANGE -&gt;</b>		7. Name and Address of New Registered Agent Name <b>HANNAM, RICHARD L</b> Street Address (P.O. Box Number is Not Acceptable) <b>10740 PLANTATION BAY DR</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33647</b>	
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 <u><i>Richard Hannam</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HANNAM, RICHARD L</b> <b>7801 N. 57TH ST.</b> <b>TAMPA FL 33617</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 exemptions contained in Section 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: <u><i>Richard Hannam 6-13-06</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			