


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90085 041 ***150.00

DOCUMENT # P04000063727			
1. Entity Name WOOD 4 YOU, INC.			
Principal Place of Business 9135 4TH AVE. JACKSONVILLE, FL 32208		Mailing Address 9135 4TH AVE. JACKSONVILLE, FL 32208	
2. Principal Place of Business 8717 Tristan Drive		3. Mailing Address 8717 Tristan Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32210	Country Duval	Zip 32210	Country Duval
6. Name and Address of Current Registered Agent HANSON, LEROY A 9135 4TH AVE. JACKSONVILLE, FL 32208		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 <u>Leroy A Hanson</u> DATE <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANSON, LEROY A 9135 4TH AVE. JACKSONVILLE, FL 32208 <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 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>Leroy A Hanson</u>		Date <u>4-20-05</u> Daytime Phone # <u>904-251-5149</u>	



04292005 Chg-P CR2E034 (10/03)

4. FEI Number **800103780** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**