


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90253 016 \*\*\*150.00

<b>DOCUMENT # P04000068957</b>	
1. Entity Name <b>WOOD'S TRIMMING INC.</b>	

Principal Place of Business <b>11040 MOONCREST LANE LEESBURG FL 34788</b>	Mailing Address <b>11040 MOONCREST LANE LEESBURG FL 34788</b>
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2. Principal Place of Business <b>2316 OLD DIXIE HWY</b> Suite, Apt. #, etc.	3. Mailing Address <b>2316 OLD DIXIE HWY</b> Suite, Apt. #, etc. <b>Box 2</b>
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1st MOORE CR2E034 (10/04)

City & State <b>APOPKA FLORIDA</b>	City & State <b>APOPKA FLORIDA</b>
Zip <b>32712</b>	Country <b>ORANGE</b>
Zip <b>32712</b>	Country <b>ORANGE</b>

4. FEI Number <b>02-0720891</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WOOD, GEORGE E 11040 MOONCREST LANE LEESBURG FL 34788</b>	
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7. Name and Address of New Registered Agent Name <b>GEORGE E WOOD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2316 OLD DIXIE HWY</b> City <b>APOPKA</b> <b>FL</b> Zip Code <b>32712</b>	
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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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P WOOD, GEORGE E 11040 MOONCREST LANE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, BRETT E 11040 MOONCREST LANE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOD, DEREK D 11040 MOONCREST LANE LEESBURG FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD GEORGE E 2316 OLD DIXIE HWY APOPKA FL. 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD BRETT E 2316 OLD DIXIE HWY APOPKA FL. 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOD DEREK D 2316 OLD DIXIE HWY APOPKA FL. 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: George E. Wood 4/24/05 1407-383-0410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #