

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 016 ***150.00

DOCUMENT # P04000072213

1. Entity Name

JENNIFER WOODSON, LMT, P.A.



Principal Place of Business

8244 KEY ROYAL CIRCLE
UNIT 626
NAPLES, FL 34119

Mailing Address

8244 KEY ROYAL CIRCLE
UNIT 626
NAPLES, FL 34119

50024585



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312006

Chg-P

CR2E034 (11/05)

4. FEI Number

56-2454534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODSEN, JENNIFER
8244 KEY ROYAL CIRCLE,
UNIT 626
NAPLES, FL 34119

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WOODSON, JENNIFER
8244 KEY ROYLA CIRCLE, UNIT 626
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jennifer Woodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-06

239-571-4088

Date

Daytime Phone #

ATTACHMENT

ATTACHMENT

50 024585 -

Division of Corporations,

I never received a letter of
renewal. Could you please waive the
\$400 late charge.

Enclosed is a check for \$150.00.

Thank you,

Jennifer Woodson

(239) 571-4088

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