2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90033 048 ***158.75

DOCUMENT # **P04000084981**

1. Entity Name
WOOD IS GOOD, INC

Principal Place of Business	Mailing Address
10380 CR 115 OXFORD FL 34484	10380 CR 115 OXFORD FL 34484

2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 262
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Oxford, Fl.
Zip / Country	Zip 34484 / Country Sumter

1st MOORE CR2E034 (10/07)

4. FEI Number 20-1178851 — 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
HANNON, ROBERT 10380 CR 115 OXFORD FL 34484	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above nam[illegible] this statement for the purpose of changing its regis[illegible] office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of [illegible]

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANNON, ROBERT E OWNER	NAME	
STREET ADDRESS	10380 CR 115	STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #