

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110567

Entity Name: WOODMEISTER INC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2369 LEWIS RD  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

2369 LEWIS RD  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

FEI Number: 20-1468937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLTE, STEFAN  
2369 LEWIS RD  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NOLTE, STEFAN  
Address: 2369 LEWIS RD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP  
Name: NOLTE, LINDA  
Address: 2369 LEWIS RD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SEC  
Name: NOLTE, STEFAN  
Address: 2369 LEWIS RD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TREA  
Name: NOLTE, LINDA  
Address: 2369 LEWIS RD  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEFAN NOLTE

PRES

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date