


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000115706</b> 1. Entity Name <b>WOOD KNOCKERS, INC.</b>	
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Principal Place of Business <b>702 16TH ST ST AUGUSTINE, FL 32080</b>	Mailing Address <b>702 16TH ST ST AUGUSTINE, FL 32080</b>
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-2008364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DOUGHERTY, KATHRYN M P  
702 16TH STREET  
ST AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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	V/S DOUGHERTY, DENNIS J 702 16TH ST ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T DOUGHERTY, KATHRYN M 702 16TH ST ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000675084  
03/30/07-80004-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Kathryn M. Dougherty Kathryn M. Dougherty 3/9/07 9044719595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #