

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170348

FILED
Jul 07, 2006
Secretary of State

Entity Name: STEVE WOODARD INSURANCE, INC.

Current Principal Place of Business:

234 NORTH DEL PRADO
CAPE CORAL, FL 33909

New Principal Place of Business:

234 NORTH DEL PRADO
SUITE 2
CAPE CORAL, FL 33909

Current Mailing Address:

234 NORTH DEL PRADO
CAPE CORAL, FL 33909

New Mailing Address:

234 NORTH DEL PRADO
SUITE 2
CAPE CORAL, FL 33909

FEI Number: 41-2161362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODARD, STEVE
234 NORTH DEL PRADO
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

WOODARD, STEVE
234 NORTH DEL PRADO
SUITE 2
CAPE CORAL, FL 33909 US

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: STEVE WOODARD

07/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODARD, STEVE
Address: 234 NORTH DEL PRADO
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODARD, STEVE
Address: 234 NORTH DEL PRADO #2
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE WOODARD

PRES

07/07/2006

Electronic Signature of Signing Officer or Director

Date