

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000171097 1. Entity Name WOODS OPTIONS, INC.					
Principal Place of Business 8853 BURNING TREE ROAD PENSACOLA FL 32514 US			Mailing Address 8853 BURNING TREE ROAD PENSACOLA FL 32514 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 06-1732899 Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WOODS, SHERRY A 8853 BURNING TREE ROAD PENSACOLA FL 32514				7. Name and Address of New Registered Agent 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. (NOT: Registered Agent signature required when submitting)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO WOODS, SHERRY A 8853 BURNING TREE ROAD PENSACOLA FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000843531 03/11/08-80073-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 stated 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 or on an attachment with an address, with all other like empowered.

RE: Sherry A. Woods Sherry A. Woods 02/25/08 (850) 476-9413
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Last name, first name, middle initial)