

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006224

Entity Name: WOODS GROUP CONSTRUCTION CO.

FILED  
Jan 27, 2007  
Secretary of State

**Current Principal Place of Business:**

13950 LAKE MAHOGANY BLVD  
APT 1212  
FT MYERS, FL 33907

**New Principal Place of Business:**

16025 WATERLEAF LANE  
FT MYERS, FL 33908

**Current Mailing Address:**

13950 LAKE MAHOGANY BLVD  
APT 1212  
FT MYERS, FL 33907

**New Mailing Address:**

16025 WATERLEAF LANE  
FT MYERS, FL 33908

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

A1A REGISTERED AGENTS INC  
92 SADBERRY RD  
QUINCY, FL 32351 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: DP ( ) Delete  
Name: WOODS, ROB  
Address: 13950 LAKE MAHOGANY BLVD APT 1212  
City-St-Zip: FT MYERS, FL 33907

Title: T ( ) Delete  
Name: WOODS, CAROL  
Address: 13950 LAKE MAHOGANY BLVD APT 1212  
City-St-Zip: FT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WOODS, ROB  
Address: 16025 WATERLEAF LANE  
City-St-Zip: FT MYERS, FL 33908

Title: T (X) Change ( ) Addition  
Name: WOODS, CAROL  
Address: 16025 WATERLEAF LANE  
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: ROB WOODS

DP

01/27/2007

Electronic Signature of Signing Officer or Director

Date