## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000046593

Entity Name: JOHN T. WOODS, INC.

City-St-Zip:

FILED Jul 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4834 7TH AVE N ST PETERSBURG, FL 33713 **Current Mailing Address: New Mailing Address:** 4834 7TH AVE N ST PETERSBURG, FL 33713 FEI Number: 73-1734629 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODS, JOHN T 4834 7TH AVE N ST PETERSBURG, FL 33713 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WOODS, JOHN T Name: Name: 4834 7TH AVE N Address: Address: City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: Title: Title: () Change () Addition () Delete Name: WOODS, LORILIN Name: Address: Address: 4834 7TH AVE N ST PETERSBURG, FL 33713 City-St-Zip: City-St-Zip: Title: Title: TRFA ( ) Delete () Change () Addition WILES, NATHAN TREASUR Name: Name: 4834 7TH AVE N Address: Address: City-St-Zip: ST. PETERSBURG, FL 33713 City-St-Zip: Title: ( ) Delete Title: ADMI ( ) Change (X) Addition SABATINO, VITTORIO G ADMIN Name: Name: Address: Address: 7296 121ST WAY

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.

City-St-Zip:

SEMINOLE, FL 33772

SIGNATURE: JOHN T. WOODS PRES 07/27/2008