

Apr 22 06 09:10p


Ron Woods

APR 21, 2006 01:55P Ansbacher & McKeel, . . . 904-396-8076 5

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-05-2006 90235 001 *1,200.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000059452			
1. Entity Name WOODS ENGINEERING, INC.			
Principal Place of Business 5445 DOWNTOWN DRIVE JACKSONVILLE, FL 32257		Mailing Address % ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BOULEVARD, SUITE 2450 JACKSONVILLE, FL 32207-9047	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 30-2749040		Applied Fee Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BOULEVARD SUITE 2450 JACKSONVILLE, FL 32207-9047		7. Name and Address of Non-Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 (initials) wife, wife next of kin, or other person authorized to act for the entity.			
SIGNATURE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
NAME TITLE STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WOODS, W. RONALD 5445 DOWNTOWN DRIVE JACKSONVILLE, FL 32257			
NAME TITLE STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITLE STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information provided with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that the information 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 individual 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 of this report, with or without my signature.			
SIGNATURE: _____			

66019017



04212006 Ctp-P CR2E034 (11/05)

30-2749040

Applied Fee Not Applicable

\$6.75 Additional Fee Required

FL

Zip Code

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