

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90087 017 \*\*\*150.00

DOCUMENT # P05000077539

1. Entity Name

HONDURAS WOODS INC



Principal Place of Business

2107 ST MARY AVE  
PENSACOLA FL 32505  
US

Mailing Address

2107 ST MARY AVE  
PENSACOLA FL 32505  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BILLINGS, MELANIE A  
9717 MOBILE HWY  
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

DEBORAH A. TICE

Street Address (P.O. Box Number is not acceptable)

2107 ST MARY AVE

City

Pensacola

FL

32505

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

*Deborah A. Tice*

2-15-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
*President  
DEBORAH A. TICE  
23 MARSH POINTE  
Gulf Shores, AL 36542* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
*V. President  
DEBORAH A. TICE* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
*Secretary  
DEBORAH A. TICE* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
*Treasurer  
DEBORAH A. TICE* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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CITY- ST- ZIP  
☐ Change ☐ Addition

12. 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 indicated 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deborah A. Tice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH A. TICE  
President

2-15-06 251-752-3340  
Date: Daytime Phone #