

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-17-2007 90053 041 \*\*\*\*\*61.25  
P05000097557

<b>DOCUMENT # P05000097557</b>					
<b>1. Entity Name</b> JUCKER WOODS, INC.					
<b>Principal Place of Business</b> 39151 WOODLAND DR ZEPHRHILLS, FL 33542			<b>Mailing Address</b> 39151 WOODLAND DR ZEPHRHILLS, FL 33542		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>APPLIED FOR - waiting</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MANN, MICHAEL 39151 WOODLAND DR ZEPHRHILLS, FL 33542			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MANN, MARLENE 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD MANN, MICHAEL 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, LEWIS 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Marlene Mann</u> <b>MARLENE MANN</b> 4/12/07 (813) 782-2749 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

07 MAY - 2 11:22

STATE OF FLORIDA  
40064985



04132007 Chg-P CR2E034 (12/06)

APPLIED FOR - waiting

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	PSD MANN, MARLENE 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD MANN, MICHAEL 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, LEWIS 39151 WOODLAND DR ZEPHRHILLS, FL 33542	<input type="checkbox"/> Delete
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** Marlene Mann **MARLENE MANN** 4/12/07 (813) 782-2749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #