## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P06000131520** 04-30-2007 90828 028 \*\*\*150.00 1. Entity Name R & D WOOD ENTERPRISES, INC. Principal Place of Business Mailing Address 40092600 1805 HARBOR BLVD. 1805 HARBOR BLVD. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business - No P.O. Box # Mailing Address 7 ROLLINGHILLS LN Suite, Apt. #, etc. ite, Apt. #, etc. 04182007 CR2E034 (12/06) Cha-P X457 Kollinghi Applied For City & State 4. FEi Number ا ٦ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHN, SCOTT E ESQ. Street Address (P.O. Box Number is Not Acceptable) 800 SE 3RD AVE. SUITE 200 FT. LAUDERDALE, FL 33316 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D **Detete** TITLE TITLE Change Addition NAME WOOD, ROBERT NAME 7 KOLLING HILLS STREET ADDRESS 1805 HARBOR BLVD. STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP VP Detete TITLE TITLE 112 Change ☐ Addition deborah wood WOOD, DEBORAH NAME 3457 ROLLING HILLS STREET ADDRESS 1805 HARBOR BLVD. STREET ADDRESS LANE KISSIMMEE, FL 34744 CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 attackment with an address, with all other like empowered.

FILED