2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000134755

1. Entity Name
WOOD ACQUISITION CORPOATION

Principal Place of Business	Mailing Address
5350 N.W 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309	5350 N.W 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8632626
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COZZENS, MICHAEL
5350 N.W 35TH TERRACE STE 101
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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 Michael L. Cozzens 1/15/08
Signature, type 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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COZZENS, MICHAEL
STREET ADDRESS	5350 N.W 35TH TERRACE STE 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	C
NAME	PATER, ANTHONY
STREET ADDRESS	3510 AVIGNON COURT
CITY-ST-ZIP	HOUSTON, TX 77082
TITLE	D
NAME	PATER, TODD
STREET ADDRESS	3607 LOUVRE LANE
CITY-ST-ZIP	HOUSTON, TX 77082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/08-80027-002 300.00

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Michael,
Please sign bottom of both forms

12. I hereby certify that the information supplied with this filing does not qualify for [illegible] da 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: Michael L. Cozzens 1/31/08 954-493-7422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #