2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 07, 2008 8:00 am Secretary of State

DOCUMENT # P0700001141 1. Entity Name WOODLOCK CONSTRUCTION LAW FIRM, P.A.						01-07-2008 90042 037 ***150.00			
Principal Place of Business 1350 ORANGE AVE, SUITE 280 WINTER PARK, FL 32789 US		Mailing Address 1350 ORANGE AVE, SUITE 280 WINTER PARK, FL 32789 US				Φθθθησος			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0103200	8 Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Nur	nber 20-815	3905		plied For t Applicable	
Zip	Country	Zip	Zip Count			ate of Status Desired	□ \$	8.75 Add	litional
	6. Name and Address of Current	Registered Agent	istered Agent		7. Name a	nd Address of New F	Registered Ag	gent	
MOODLOOK MADKIN				Name					
WOODLOCK, MARK W 1350 ORANGE AVE, SUITE 280 WINTER PARK, FL 32789				Street Add	tress (P.O. Box Nur	ess (P.O. Box Number is Not Acceptable)			
				City		FL	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required with the NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						both, in the State of Fl	orida. I am fa DATE	miliar with,	and accept
10.			1 44	····	ADDITION	IS ACHANICES TO OFF	TOEDS AND I	DIDECTOR	NINI 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E .	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition			Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP								Change	Addition
TITLE NAME STREET ADDRESS CITY-SF-ZIP		☐ Delete		·				☐ Change	Addition
HITLE NAME STREET ADDRESS CITY-ST-ZIP	is s			1				Change	Addition
TITLE	□ Delete H		HITL	Ł				☐ Change	☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MARK WOUNDE MARK WOOLDE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-3-08

409-5305

Date

☐ Change

Addition