

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-09-2008 90013 004 ***150.00

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1. Entity Name
WOODSIDE-BROADWAY SERVICE STATION, INC.



Principal Place of Business
**1610 MEADOWOOD STREET
 SARASOTA, FL 34231**

Mailing Address
**POST OFFICE BOX 20589
 SARASOTA, FL 34276**


2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 State, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

66002713



01032008 Chg-P CPZ0034 (12/08)

4. FEIN Number
70-8663378

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, ARNOLD
 1610 MEADOWOOD STREET
 SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____

Signature, name or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renominated)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	BERNSTEIN, ARNOLD POST OFFICE BOX 20589 SARASOTA, FL 34276		

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 attachment with an address, with all other like empowered.

SIGNATURE: *UVA* *1/2/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Florida Form 9