

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103831

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** STEVEN R. WOODS & ASSOCIATES, P.A.

**Current Principal Place of Business:**

8298 BAYBERRY RD STE 4  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

8298 BAYBERRY ROAD  
SUITE 4  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8298 BAYBERRY RD STE 4  
JACKSONVILLE, FL 32256

**New Mailing Address:**

8298 BAYBERRY ROAD  
SUITE 4  
JACKSONVILLE, FL 32256

**FEI Number:** 26-3769243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, STEVEN R  
8298 BAYBERRY RD STE 4  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

WOODS, STEVEN R  
8298 BAYBERRY ROAD  
SUITE 4  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/08/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOODS, STEVEN R  
Address: 8298 BAYBERRY ROAD, SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN R. WOODS

PRES

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date