


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P30881</b>		
1. Entity Name WOODLAKE CORPORATION		

Principal Place of Business	Mailing Address
237 MAIN STREET SUITE 600 BUFFALO, NY 14203 US	237 MAIN STREET SUITE 600 BUFFALO, NY 14203 US

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1373211	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BURNS, THERESA M  
9439 SAN JOSE BLVD  
JACKSONVILLE, FL 32257

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000287496  
04/04/05-80068-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	O'MARA, MICHAEL M
STREET ADDRESS	237 MAIN STREET, SUITE 600
CITY-ST-ZIP	BUFFALO, NY 14203
TITLE	ST
NAME	BURNS, THERESA M
STREET ADDRESS	237 MAIN STREET, SUITE 600
CITY-ST-ZIP	BUFFALO, NY 14203
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: THERESA M. BURNS 1-12-05 (716) 855-0341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #