

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000017761**

1. Entity Name  
**MICHAEL S. WOODDELL, P.A.**



Principal Place of Business  
**701 ENTERPRISE ROAD EAST  
SUITE 705  
SAFETY HARBOR, FL 34695**

Mailing Address  
**701 ENTERPRISE ROAD EAST  
SUITE 705  
SAFETY HARBOR, FL 34695**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3185633**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOODDELL, MICHAEL S  
701 ENTERPRISE RD E  
SUITE 705  
SAFETY HARBOR, FL 34695**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**000000129771  
04/26/04-80091-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	WOODDELL, MICHAEL S
STREET ADDRESS	701 ENTERPRISE RD. EAST, SUITE 705
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	S
NAME	WOODDELL, PATRICIA A
STREET ADDRESS	2260 BOW LN
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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: Patricia A. WooddeLL Patricia A. WOODDELL 4-21-04 727-726-8494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #