

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90215 042 \*\*\*150.00

**DOCUMENT # P93000031200**

1. Entity Name  
**SUNWOOD ENTERTAINMENT CORPORATION**



40067883



04172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3189536**

Applied For  
Not Applicable

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

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

**BURKET, QUAY**  
**577 S INDIGO RD**  
**ALTAMONTE SPRINGS, FL 32714**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOODSON, MARK N	
STREET ADDRESS	PO BOX 568795	
CITY-ST-ZIP	ORLANDO, FL 32856	
TITLE	COO	<input type="checkbox"/> Delete
NAME	WOODSON, CHRISTINA	
STREET ADDRESS	P.O. BOX 568795	
CITY-ST-ZIP	ORLANDO, FL 32856	
TITLE	STC	<input type="checkbox"/> Delete
NAME	THOMAS, SHERRY L	
STREET ADDRESS	P.O. BOX 568795	
CITY-ST-ZIP	ORLANDO, FL 32856	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WOODSON, CHARLES R	
STREET ADDRESS	P.O. BOX 568795	
CITY-ST-ZIP	ORLANDO, FL 32856	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Woodson	
STREET ADDRESS	PO Box 568795	
CITY-ST-ZIP	Orlando FL 32856	
TITLE	ST/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry L. Thomas	
STREET ADDRESS	PO Box 568795	
CITY-ST-ZIP	Orlando FL 32856	
TITLE	C/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Woodson	
STREET ADDRESS	PO Box 568795	
CITY-ST-ZIP	Orlando FL 32856	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attached sheet with my address with all other changes.

SIGNATURE PRESIDENT 4/24/06