## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000036509

PORT ST LUCIE, FL

City-St-Zip:

Entity Name: RALPH WOOD SERVICES, INC.

FILED Jan 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2779 BLUEM WAY PORT ST. LUCIE, FL 34952 LIS **Current Mailing Address: New Mailing Address:** 2779 BLUEM KWAY 2779 BLUEM WAY PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34952 US FEI Number: 65-0410714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALLEN, JOHN 17071 W DIXIE HWY N MIAMI BEACH, FL 33160 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WOOD, RALPH R. Name: Name: 2779 BLUEM WAY Address: Address: City-St-Zip: PORT ST. LUCIE, FL City-St-Zip: Title: ٧S Title: () Change () Addition () Delete Name: WOOD, MARY ANN Name: 2779 BLUEM WAY Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH R. WOOD PT 01/15/2007