

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000055577

1. Entity Name
BACK TO THE WOODS, INC.



Principal Place of Business
4611 SOUTH UNIVERSITY DR.
SUITE 114
DAVIE, FL 33328

Mailing Address
4611 SOUTH UNIVERSITY DR.
SUITE 114
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

FILED
Aug 12, 2004 08:00 AM
Secretary of State



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0425720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOUNCE-JOHNSON, DIANE
4611 S UNIVERSITY DRIVE
STE 114
DAVIE, FL 33328

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MOUNCE-JOHNSON, DIANE R
4611 S UNIVERSITY, STE. 114
DAVIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
JONSSON, TOMMY A
4611 S. UNIVERSITY, STE. 114
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000169895
08/12/04-80002-006 158.75

**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)(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:

Diane Mounce-Jonson Diane Mounce-Jonson 8-9-04 452-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #