

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 036 ***158.75

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
**2490 GRAND AVENUE, STE 229237
GLENWOOD, FL 32722**

50020165



05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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-JONSSON, DIANE
2490 GRAND AVENUE, STE 229237
GLENWOOD, FL 32722**

**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 6, 2006**

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-JONSSON, DIANE R
4611 S UNIVERSITY, STE. 114
DAVIE, FL**

**2490 Grand Ave Suite # 22937
Glenwood, Florida 32722**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST

**JONSSON, TOMMY A
4611 S UNIVERSITY, STE. 114
DAVIE, FL 33328**

**2490 Grand Ave Suite # 22937
Glenwood, Florida 32722**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10th, 2006

Date

Daytime Phone #

1040

Filing Status

Code (1-5)

1 = Single (default)

Nonresident alien single code

2 = Married filing joint

Elect to file joint return with nonresident alien spouse (Election will print automatically)

3 = Married filing separate

Lived apart entire year

Claiming spouse

Nonresident alien married filing separate code

4 = Head of household

Qualifying person:

Social security number

5 = Qualifying widow(er)

50020165
P930 00055577

2

Taxpayer Information

Social security number

591-37-7284

First name

Tommy A.

Last name

Jonsson

Occupation

Presidential election campaign fund

Blind

Dependent of another

Date of birth (mm/dd/yyyy)

3/28/1965

Date of death

Daytime phone/ext number

Authorize discussion with IRS (1 = Yes, 2 = No)

1

Salutation:

Tom & Diane

Spouse Information

094-54-6168

Diane R.

Mounce-Jonsson

Clerk

11/23/1960

954-249-8439

Residence Information

Address 2490 Grand Avenue

Apartment number

City/State postal code

Glenwood

FL

Zip code

32720

Home/evening phone number

386-736-6349

Email none

Foreign province

Foreign country

Foreign country code (Electronic filing only)

Address indicator

Special processing

Combat zone deployment date

In care of addressee/name line 2 (Electronic filing only)

Dependents and General

Dependents

Names and other information

\$

General Information

Return type options

Force standard/itemized

1 = Standard, 2 = Itemized

Suppress Form 1040-V payment
voucher

Dual-status code

Suppress conversion amounts

Conversion code

General footnote

\$