

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000077521**



1. Entity Name  
**WOODVERKS OF SARASOTA, INC.**

Principal Place of Business <b>5388 CATALYST AVENUE SARASOTA FL 34233</b>	Mailing Address <b>5388 CATALYST AVENUE SARASOTA FL 34233</b>
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0447895**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEARNS, JEFF  
5388 CATALYST AVENUE  
SARASOTA FL 34233**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**FL**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	NAME	STEARNS, JEFF	STREET ADDRESS	5388 CATALYST AVE	CITY-ST-ZIP	SARASOTA FL
TITLE	SEC.	<input type="checkbox"/> Delete	NAME	STEARNS, WENDY A	STREET ADDRESS	5388 CATALYST AVE.	CITY-ST-ZIP	SARASOTA FL 34233
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

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
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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

U00000853195  
03/25/08-80058-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JEFF STEARNS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Expense #