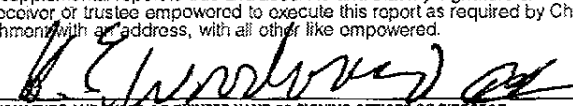


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000081600 1. Entity Name H.E. WOODWARD, INC.					
Principal Place of Business 915 BAHIA MAR RD VERO BEACH FL 32963 US			Mailing Address H.E. WOODWARD, INC PO BOX 643322 VERO BEACH FL 32964 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JACKSON, ELIZABETH A 817 BEACHLAND BLVD. VERO BEACH FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY ST ZIP	D WOODWARD, H E III 915 BAHIA MAR RD VERO BEACH FL 32963		TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
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: 			1/22/07 772-473-3700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/06)

4. FEI Number **04-2943766** Applied For
Not Applicable

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

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01/26/07-80093-022 150.00