


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000022486	
1. Entity Name WOOD ASSET MANAGEMENT, INC.	

Principal Place of Business 2 NORTH TAMiami TRAIL SUITE 1200 SARASOTA, FL 34326	Mailing Address 2 NORTH TAMiami TRAIL SUITE 1200 SARASOTA, FL 34326
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02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0475749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOD, GARY W. WOOD ASSET MANAGEMENT, INC. 2 NORTH TAMiami TRAIL, SUITE 1200 SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000041263 02/09/04-80082-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, GARY W 2 N. TAMiami TR., STE. 1200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFF, CHARLENE H 2 N. TAMiami TR., STE. 1200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODRUFF, PATRICIA K 2 N. TAMiami TR., STE. 1200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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: 		2.2.04	941.361.2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #