

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 040 ***158.75

DOCUMENT # P95000039981

1. Entity Name
WOODFIELD CORPORATION



Principal Place of Business
**12421 NORTH FLORIDA AVE.
SUITE C-220
TAMPA, FL 33612**

Mailing Address
**12421 NORTH FLORIDA AVE.
SUITE C-220
TAMPA, FL 33612**

54058811



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3322213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, MONICA
12421 NORTH FLORIDA AVE.
SUITE C-220
TAMPA, FL 33612**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAY, KEN
12421 NORTH FLORIDA AVE., SUITE C-220
TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COOPER, MONICA
12421 NORTH FLORIDA AVE., SUITE C-220
TAMPA, FL 33612**

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

**DO NOT WRITE
IN THIS SPACE**

\$150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 935-8361

Attachment

54058811

P95000039981

Handwritten notes:
Cents
This not sent
11/20/09
Applied or
11/20/09

WOODFIELD LTD. A FLORIDA LIMITED PARTNERSHIP P O BOX 82189 TAMPA, FL 33682 PH 813-935-8361		THE BANK OF TAMPA TAMPA, FL 63-668631 6	
PAY TO THE ORDER OF <u>Devin of Cap</u>		<u>4200/50</u>	
<u>Less Handled & Swentzen</u>		<u>\$ 317.50</u>	
		DOLLARS	
MEMO <u>P95000039981 - 158.75</u>			
<u>A9500000955 - 158.25</u>			
⑈003449⑈ - ⑈063108680⑈		11101094⑈	
AUTHORIZED SIGNATURE <u>[Signature]</u>			
Security Features Included Details on Back			