

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90041 044 \*\*\*150.00

**DOCUMENT # P95000057606**  
 1. Entity Name  
**WOODMARK CONSTRUCTION, INC.**



Principal Place of Business: **6 BEAGLES REST ORMOND BEACH FL 32174 US**  
 Mailing Address: **P O BOX 730299 ORMOND BEACH FL 32173-0299 US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **132 Business Center Dr Suite B Ormond Beach, FL 32174 Volusia**  
 3. Mailing Address: [Blank]  
 Suite, Apt. #, etc.: [Blank]  
 City & State: [Blank]  
 Zip: **32174** Country: [Blank]

4. FEI Number: **59-3329585** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JANZEN, STAN D**  
**6 BEAGLES REST**  
**ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent  
 Name: [Blank]  
 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 City: [Blank] **FL** Zip Code: [Blank]

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

[Blank]

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	JANZEN, STAN	
STREET ADDRESS	6 BEAGLES REST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PT	<input type="checkbox"/> Delete
NAME	JANZEN, STAN	
STREET ADDRESS	6 BEAGLES REST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANZEN, DIANA L	
STREET ADDRESS	6 BEAGLES REST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stan Janzen **STAN JANZEN** 2/3/05 396-676-3122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #