2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071465

Entity Name: WILDWOODS, INC

FILED Jan 12, 2006 Secretary of State

| y | e. Wilbite | OBO, 1140. | | | |
|---|---|--------------------------------|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| 5965 AVE MCINTOS | F H,FL., FL 3260 | 54 | 61 N. MAIN STREET WILLISTON, FL 3269 | 61 N. MAIN STREET WILLISTON, FL 32696 | |
| Current M | lailing Addres | s: | New Mailing Address | New Mailing Address: | |
| | FICE BOX 267 H, FL 32664 | | 61 N. MAIN STREET WILLISTON, FL 3269 | 6 | |
| FEI Number | : 59-3343144 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| . – | , JOHN B ST HIGHWAY N, FL 32696 | 318 US | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | ic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PST () GORDON, JOH 12498 WEST H WILLISTON, FL | IGHWAY 318 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () GILL, RONALD 21191 SW 240 HOMESTEAD, | TH STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B GORDON PST 01/12/2006