

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000071465

Entity Name: WILDWOODS, INC.

FILED
May 23, 2008
Secretary of State

Current Principal Place of Business:

61 N. MAIN STREET
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

61 N. MAIN STREET
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3343144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, JOHN B
12498 WEST HIGHWAY 318
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GORDON, JOHN B
Address: 12498 WEST HIGHWAY 318
City-St-Zip: WILLISTON, FL 32696

Title: V () Delete
Name: GILL, RONALD T
Address: 21191 SW 240TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO () Change (X) Addition
Name: ADAMS, DAVID A
Address: 15167 NE 154 LANE
City-St-Zip: FT MCCOY, FL 32134 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A ADAMS

COO

05/23/2008

Electronic Signature of Signing Officer or Director

Date