2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000020702

1. Entity Name
WOODMERE PARK CORPORATION

Principal Place of Business

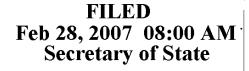
1872 SOUTH TAMIAMI TRAIL

SUITE D VENICE, FL 34293 Mailing Address

1872 SOUTH TAMIAMI TRAIL

SUITE D

VENICE, FL 34293





DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S5-0651199 Not Applicable

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

6. Name and Address of Current Registered Agent

BERG, SKIP 1872 SOUTH TAMIAMI TRAIL SUITE D VENICE, FL 34293 DO NOT WRITE
IN THIS SPACE

			and the state of the state of	
	lions of registered agent.		stered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		
10.	OFFICERS AND DIREC	TORS	A Section of the Space	The property of the state of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, SKIP 1872 SOUTH TAMIAMI TRAIL, SUITE D VENICE, FL 34293		Constitution of the second	000000650042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, HENRY E 633-A NORTH TAMIAMI TRAIL NOKOMIS, FL 34275		and the second of the second o	- 03/07/07-80075-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODVILLE, BRUCE H 1515 S TAMIAMI TRAIL STE 6 VENICE, FL 34292		Section of the section of the	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CLARK J 716 EAGLE POINT DR. VENICE, FL 34285		Aggregation of the state of the	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE			A section of the sect	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/23/07

941-493-0871