





**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

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	 01232007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0651199 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, SKIP 1872 SOUTH TAMiami TRAIL, SUITE D VENICE, FL 34293	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, HENRY E 633-A NORTH TAMiami TRAIL NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODVILLE, BRUCE H 1515 S TAMiami TRAIL STE 6 VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CLARK J 716 EAGLE POINT DR. VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/23/07 941-443-0871 <small>Date Daytime Phone #</small>