## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000033895** 

1. Entity Name

WOODSBY MANAGEMENT COMPANY



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821

1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821



04142007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3530635

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARMOC, DENNIS 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if	Applicable (NOTC Desicion	ud Boest econsticue	can ward when constituted	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be	U00000720959 05/01/07-80128-004 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODSBY, RONALD 1445 OAKLAWN PLACE LAKELAND, FL 33803		DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	ST DARMOC, DENNIS P 1950 LEGION DRIVE WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC MUAS

4/20/07

407-8518400