


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000040562 1. Entity Name WOODY KING CONSTRUCTION, INC.						FILED 07 JUL 18 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 421 WHIRLPOOL ROAD CENTURY, FL 32535 US				Mailing Address 421 WHIRLPOOL ROAD CENTURY, FL 32535 US			
2. Principal Place of Business - No P.O. Box				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KING, WOODROW JR 421 WHIRLPOOL ROAD CENTURY, FL 32535				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$81.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, WOODROW J 421 WHIRLPOOL ROAD CENTURY, FL 32535 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Prime, Jason R. 614 1/2 N. 70th Avenue Pensacola Florida 32506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Woodrow King</u> <u>Woodrow King Jr</u> <u>7-16-07 (850) 256-2660</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							