

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 030 ***150.00

DOCUMENT # P96000052918

1. Entity Name

WOODY'S REALTY, INC.



Principal Place of Business

12019 PENZANCE LANE
NEW PORT RICHEY FL 34654

Mailing Address

12019 PENZANCE LANE
NEW PORT RICHEY FL 34654

2. Principal Place of Business

5833 US Hwy 19

Suite, Apt. #, etc.

Suite #1

City & State

NEW PORT RICHEY FL

Zip

34652

Country

PASCO

3. Mailing Address

5833 US Hwy 19

Suite, Apt. #, etc.

Suite #1

City & State

NEW PORT RICHEY FL

Zip

34652

Country

PASCO



MOORE

CR2E034 (11/03)

4. FEI Number

59-3386813

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WODSTRCHILL, DANIEL L
12019 PENZANCE LANE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name (same) DANIEL L. WODSTRCHILL

Street Address (P.O. Box Number is Not Acceptable)

12353 Roseland DR.

City NEW PORT RICHEY

FL

Zip Code

34654

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

Daniel R. Wodstrchill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	WODSTRCHILL, DANIEL L	
STREET ADDRESS	12019 PENZANCE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	WODSTRCHILL, PATRICIA A	
STREET ADDRESS	12019 PENZANCE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same Name	
STREET ADDRESS	12353 Roseland Drive	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same Name	
STREET ADDRESS	12353 Roseland Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Daniel R. Wodstrchill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

727-534-6000

Daytime Phone #