


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90176 013 ***150.00

DOCUMENT # P97000024637		
1. Entity Name WOOD DESIGNS, INC.		

Principal Place of Business 2600 HAMMONDVILLE ROAD #21 POMPANO BEACH, FL 33069	Mailing Address 2600 HAMMONDVILLE ROAD #21 POMPANO BEACH, FL 33069
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40025338



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
MOSLEY, WILLIE 2600 HAMMONDVILLE ROAD #21 POMPANO BEACH, FL 33069	

7. Name and Address of New Registered Agent	
Name WILLIE MOSLEY	
Street Address (P.O. Box Number is Not Acceptable) 140 N.E. 18th St	
POMPANO BEACH	33060
City	FL Zip Code

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: <i>Willie Mosley</i>	DATE: 2-28-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOSLEY, WILLIE 2600 HAMMONDVILLE ROAD #21 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MOSLEY, BARBARA 2600 HAMMON VILLE ROAD #21 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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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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

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: <i>Willie Mosley</i> <small>* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2-28-05 Daytime Phone #