

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90014 018 \*\*\*150.00

**DOCUMENT # P97000034425**

1. Entity Name

WOOD & MOHR, INC.



Principal Place of Business

7230 VALLEY RD.  
LA VISTA NE 68128  
US

Mailing Address

7230 VALLEY RD.  
LA VISTA NE 68128  
US

2. Principal Place of Business

829 FENWICK ST

Suite, Apt. #, etc.

PAPILLION NE

City & State

68046 USA

Zip

Country

3. Mailing Address

829 FENWICK ST

Suite, Apt. #, etc.

PAPILLION NE

City & State

68046 USA

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3440245

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREW & CREW, P.A.  
25 BEAL PARKWAY NE  
SUITE 210  
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 P ☐ Delete  
NAME WOOD, SHARON L  
STREET ADDRESS 7230 VALLEY RD.  
CITY-ST-ZIP LA VISTA NE 68128

TITLE D ☐ Delete  
NAME MOHR, JOHN W  
STREET ADDRESS 31 WOODSON BEND RESORT #88-2  
CITY-ST-ZIP BRONSTON KY 42518

TITLE D ☐ Delete  
NAME MORSE, STEVEN W  
STREET ADDRESS 3873 ST. ANDREWS CT.  
CITY-ST-ZIP MASON OH 45040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME WOOD, SHARON L.  
STREET ADDRESS 829 FENWICK ST  
CITY-ST-ZIP PAPILLION, NE 68128

TITLE D ☒ Change ☐ Addition  
NAME MOHR, J.W.  
STREET ADDRESS 15109 DERBY CR.  
CITY-ST-ZIP ROSEMONT, MN. 55068

TITLE D ☒ Change ☐ Addition  
NAME MORSE, STEVEN W  
STREET ADDRESS 829 FENWICK ST.  
CITY-ST-ZIP PAPILLION, NE 68128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sharon L. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 402-991-0026

Date

Daytime Phone #