

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 016 ***150.00

DOCUMENT # P97000050884

1. Entity Name

WOOD YOU OF CUTLER RIDGE, INC.



Principal Place of Business

18713 S. DIXIE HWY
MIAMI FL 33157

Mailing Address

6056 NW 83RD TERRACE
PARKLAND FL 33067
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, PAUL D
101 LAWRENCE BLVD
SUITE 201 NEWELL BLDG
KEYSTONE HEIGHTS FL 32656

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, 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 D ☐ Delete
NAME DRAPER, H. EDWARD
STREET ADDRESS 2680 S.E. COUNTY ROAD 218
CITY-ST-ZIP MELROSE FL 32666

TITLE D ☐ Delete
NAME DRAPER, PATRICIA S
STREET ADDRESS 2680 S.E. COUNTY ROAD 218
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 6056 NW 83RD TERR
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6056 NW 83RD TERR
CITY-ST-ZIP PARKLAND, FL 33067

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04 959-753-3470