

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90013 044 ***150.00

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1. Entity Name
THE WOOD SHED PUB, INC.



Principal Place of Business
**7989 W CR 48
BUSHNELL, FL 34436 US**

Mailing Address
**P.O. BOX 1164
FLORAL CITY, FL 34436 US**

24003306



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERLIN, MARK J. MARK
8181 E. ORANGE AVE
FLORAL CITY, FL 34436**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHAMBERLIN, MARK J. MARK
8181 E. ORANGE AVE
FLORAL CITY, FL 34436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WAGNER, NORMA R WAGONER
8253 S. COMET PT
FLORAL CITY, FL-34436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

17 JAN 04 352-793-7557

Date

Daytime Phone #