2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2005 08:00 AM DOCUMENT # P97000081961 **Secretary of State** 1. Entity Name WOODS AND WETLANDS, INC. Principal Place of Business Mailing Address 18100 WELLS RD 18100 WELLS RD FORT MYERS FL 33917 FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0783659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIZEMORE, JULIA L Street Address (P.O. Box Number is Not Acceptable) 18100 WELLS RD FORT MYERS FL 33917 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete THE NAME SIZEMORE, PERRY L 18100 WELLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33917 CITY-ST-7/E Delete 7000 Change Addition TITLE NAME SIZEMORE, JULIA NAME U000000201608 STREET ADDRESS 18100 WELLS RD STREET ADDRESS. 01/28/05-80072-022 150.00 CITY-ST-ZIP FORT MYERS FL 33917 CHY-SI-7P ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS OFY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLLY-ST-ZIP Change Maddition | TOTALE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.