2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 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 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0783659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIZEMORE, JULIA L 18100 WELLS RD DO NOT WRITE FORT MYERS; FL 33917 IN THIS SPACE 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 rematating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SIZEMORE, PERRY L NAME 01/10/08-80019-010 150.00 STREET ADDRESS **18100 WELLS RD** CITY-ST-ZIP FORT MYERS, FL 33917 TITLE SIZEMORE, JULIA NAME STREET ADDRESS **18100 WELLS RD** CITY-ST-72P FORT MYERS, FL 33917 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attacpment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

LIL SUEMOU TULIE STZEMORE 1/8/08 239-567-185
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