


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 048 ***158.75

DOCUMENT # P97000093308 1. Entity Name WOODLAND FIELD, INC.	
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Principal Place of Business 8236 MONCRIEF DINSMORE ROAD JACKSONVILLE, FL 32219	Mailing Address 8236 MONCRIEF DINSMORE ROAD JACKSONVILLE, FL 32219
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66011342



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3290604	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WALLACE, HARRIETT 2438 GRAND STREET JACKSONVILLE, FL 32208

**DO NOT WRITE
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 Harriett H. Wallace DATE 05/19/08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, HARRIETT H 2438 GRANT ST JAX, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, NEPTUNE 2438 GRAND ST JAX, FL 32208
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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 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 attachment with an address, with all other like empowered.

SIGNATURE: Harriett H. Wallace DATE 05/19/08 (904) 768-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR