

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000100961

1. Corporation Name

WOODSIDE BUILDERS, INC.

FILED  
Jul 27, 1999 8:00 am  
Secretary of State

07-27-1999 90022 026 \*\*\*150.00



Principal Place of Business		Mailing Address	
20727 RACINE ST ORLANDO FL 32833 US		20727 RACINE ST ORLANDO FL 32833 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
FINLEY, JEFFRY F 20727 RACINE ST ORLANDO FL 32833			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/25/1997	
4. FEI Number	59-3469241	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/>	Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
FL		

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

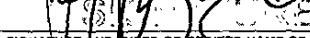
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY, JEFFRY F		1.2 NAME
STREET ADDRESS	20727 RACINE ST		1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32833		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY, KATHRYN		2.2 NAME
STREET ADDRESS	20727 RACINE ST		2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32833		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment when an address.

IGNATURE:

 **ONE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99 (4M) 568-4900

Date

Daytime Phone #

CR2E034 (5/98)



## WOODSIDE BUILDERS INC.

JEFFRY FINLEY  
20727 Racine St.  
Orlando, FL 32833  
# RR0038885

P97000100961  
596439-90022-26

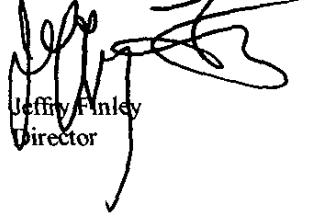
Jeffry Finley  
Woodside Builders, Inc.  
20727 Racine Street  
Orlando, Fl. 32833

July 14, 1999

To Whom It May Concern:

Please be informed that we never received the "1999 Profit Corporation Annual Report Packet" until the mailing of the packet label " 2nd Notice ". Per phone conversation on July 14, 1999, I am enclosing a check for the amount of \$150.00 ( #6638 ).

Sincerely,



Jeffry Finley  
Director

Annual Reports Filings  
Division of Corporations  
POB 6327

Tallahassee, Fl. 32314