



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90048 046 \*\*\*150.00

<b>DOCUMENT # P97000100961</b> 1. Entity Name <b>WOODSIDE BUILDERS, INC.</b>					
Principal Place of Business <b>17850 SODBURY STREET ORLANDO FL 32833 US</b>				Mailing Address <b>18750 SODBURY STREET ORLANDO FL 32833 US</b>	
2. Principal Place of Business <b>18746 Nettleton Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>18746 Nettleton Street</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3469241</b>	
Zip <b>32833</b> Country <b>ORANGE</b>		Zip <b>32833</b> Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FINLEY, JEFFRY F. 18750 SODBURY STREET ORLANDO FL 32833</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>18746 Nettleton Street</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32833</b>	
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 <u><i>Kathryn Finley</i></u> (NOTE: This block is required when reconstituting) DATE <u>3-9-06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FINLEY, JEFFRY F 18750 SODBURY STREET ORLANDO FL 32833</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FINLEY, KATHRYN 18750 SODBURY STREET ORLANDO FL 32833</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Kathryn Finley</i></u> <b>3-9-06</b> <b>407-568-4900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					