

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100961

1. Entity Name
WOODSIDE BUILDERS, INC.



FILED

2007 SEP 18 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18746 NETTLETON ST
ORLANDO, FL 32833 US

Mailing Address
18746 NETTLETON ST
ORLANDO, FL 32833 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3469241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLEY, JEFFRY F
18746 NETTLETON ST
ORLANDO, FL 32833

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FINLEY, JEFFRY F
18750 SODBURY STREET
ORLANDO, FL 32833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Finley, Jeffry F.
18746 Nettleton St.
Orlando, FL 32833 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FINLEY, KATHRYN
18750 SODBURY STREET
ORLANDO, FL 32833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Finley, Kathryn
18746 Nettleton St.
Orlando, FL 32833 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400109570394
09/18/07--01024--018 **\$550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Finley

8-28-07

Date

407-568-4900

Daytime Phone #

at 9 am