

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003203

FILED
Jul 10, 2008
Secretary of State

Entity Name: GOODS FROM THE WOODS, INC.

Current Principal Place of Business:

11000 METRO PARKWAY
SUITE 37
FT MYERS, FL 33912

New Principal Place of Business:

11000 METRO PARKWAY
SUITE 37
FT MYERS, FL 33966

Current Mailing Address:

PO BOX 60824
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0802350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNSUCKER, JEFFREY L
20230 CYPRESS CK DR
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HUNSUCKER, JEFFREY L
Address: P.O. BOX 60824
City-St-Zip: FT MYERS, FL 33906

Title: VP () Delete
Name: REYNOLDS, RICHARD G
Address: P.O. BOX 60824
City-St-Zip: FT MYERS, FL 33906

Title: P () Delete
Name: EVANS, BRIAN D
Address: P.O. BOX 60824
City-St-Zip: FT MYERS, FL 33906

Title: D (X) Delete
Name: HIGHFIELD, MITCHELL D
Address: 2118 NW 5TH PL
City-St-Zip: CAPE CORAL, FL 33909

Title: D (X) Delete
Name: EVANS, BARBARA
Address: 2118 NW 5TH PL
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY L HUNSUCKER

ST

07/10/2008

Electronic Signature of Signing Officer or Director

Date