

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90349 010 \*\*\*150.00

**DOCUMENT # P98000004480**

1. Entity Name  
**WOODBURY EQUITIES, INC.**



Principal Place of Business  
P.O. BOX 1508  
WINTER PARK, FL 32790

Mailing Address  
P.O. BOX 1508  
WINTER PARK, FL 32790

**14015541**



2. Principal Place of Business

**535 Park Avenue North**

Suite, Apt. #, etc.

**Suite 224**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03312004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3486261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN E  
28 W CENTRAL BLVD  
P.O. BOX 3444  
ORLANDO, FL 32802**

7. Name and Address of New Registered Agent

Name

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

**28 W. Central Blvd., Suite 401**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSAS	<input type="checkbox"/> Delete
NAME	UDO, GARBE	
STREET ADDRESS	535 PARK AVENUE NORTH	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GARBE, ANGELIKA	
STREET ADDRESS	535 PARK AVE N	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	GARBE, BERNHARD	
STREET ADDRESS	535 PARK AVENUE NORTH	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garbe, Udo	
STREET ADDRESS	P.O. Box 1508	
CITY-ST-ZIP	Winter Park, FL 32790	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1508	
STREET ADDRESS	Winter Park, FL 32790	
CITY-ST-ZIP	Winter Park, FL 32790	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1508	
STREET ADDRESS	Winter Park, FL 32790	
CITY-ST-ZIP	Winter Park, FL 32790	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

Date

Daytime Phone #

*Udo Garbe*  
**Udo Garbe**

**4-26-04**