

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007922

FILED
Feb 01, 2005
Secretary of State

Entity Name: THE WOODS AND HAHN AGENCY, INC.

Current Principal Place of Business:

899 VANDERBILT BEACH ROAD
SUITE 103
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

899 VANDERBILT BEACH ROAD
SUITE 103
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0807575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOODS, SHERRILL JR
899 VANDERBILT BEACH ROAD
SUITE 116
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WOODS, SHERRILL JR
899 VANDERBILT BEACH ROAD
SUITE 103
NAPLES, FL 34108 US

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: SHERRILL WOODS JR 02/01/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODS, SHERRILL E JR
Address: 899 VANDERBILT BEACH ROAD STE 103
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: HAHN, JAMES
Address: 899 VANDERBILT BEACH ROAD STE 103
City-St-Zip: NAPLES, FL 34108

Title: TSD () Delete
Name: WOODS, NORMA
Address: 889 VANDERBILT BEACH RD. STE. 103
City-St-Zip: NAPLES, FL 34108

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMA WOODS TSD 02/01/2005
Electronic Signature of Signing Officer or Director Date