

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012886

1. Entity Name

WOOD AND ASSOCIATES OF ORANGE PARK, INC.



Principal Place of Business
3996 CON. PT. RD
JACKSONVILLE FL 32210

Mailing Address
3996 CON. PT. RD
JACKSONVILLE FL 32210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3506091

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

RICHTER, TODD A
3548 BARREL SPRINGS DR.
ORANGE PARK FL 32073

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME RICHTER, TODD A
STREET ADDRESS 3548 BARREL SPGS DR.
CITY-ST-ZIP ORANGE PARK FL 32073

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000000450892
03/10/06 80025-010 150.00

TITLE BDVP ☐ Delete
NAME RICHTER, JUDY K
STREET ADDRESS 3548 BARREL SPGS DR
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE BOS ☐ Delete
NAME PERKINS, SCOTT M
STREET ADDRESS 356 WILLOW GREEN DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE T ☐ Delete
NAME RICHTER, SETH A
STREET ADDRESS 2329 COLLEGE STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Todd A. Richter*

3/27/06 *28-778-1381*