

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90011 045 ***150.00

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 - No P.O. Box #

6591-5 Lake Gray Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32244

Country

Duval

Zip

Jacksonville, FL

Country

Jacksonville, FL

4. FEI Number

59-3506091

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHTER, TODD A	
STREET ADDRESS	3548 BARREL SPGS DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	BDVP	<input type="checkbox"/> Delete
NAME	RICHTER, JUDY K	
STREET ADDRESS	3548 BARREL SPGS DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	BOS	<input type="checkbox"/> Delete
NAME	PERKINS, SCOTT M.	
STREET ADDRESS	356 WILLOW GREEN DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHTER, SETH A	
STREET ADDRESS	2329 COLLEGE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
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 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	
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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 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:

Judy K. Richter, Judy K. Richter, 4-2-08, 904-778-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone