

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000016820

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** THE WOODS GROUP HOLDING COMPANY, INC.

**Current Principal Place of Business:**

830 S COUNTRY RD 427  
STE 162  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

830 S COUNTRY RD 427  
STE 162  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3495366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOODS, DANIEL  
830 S COUNTY RD 427 STE 162  
LONGWOOD, FL 32750 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODS, DANIEL J  
Address: 830 S COUNTY RD 427 STE 162  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: WOODS, LAUREL R  
Address: 830 S COUNTY RD 427  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: LAUREL R WOODS

D

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date