

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90106 029 \*\*\*150.00

**DOCUMENT # P98000053812**

1. Entity Name  
**WOODBURN INVESTMENTS, INC.**



Principal Place of Business  
**510 S 3RD STREET  
 JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**510 S 3RD STREET  
 JACKSONVILLE BEACH, FL 32250**



2. Principal Place of Business  
**2315 Beach Blvd.**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Jacksonville Beach, FL**

3. Mailing Address  
**2315 Beach Blvd**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Jacksonville Beach, FL**

Zip Country  
**32250 U.S.**

04292005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**STONEBURNER BERRY & SIMMONS  
 841 PRUDENTIAL DRIVE  
 SUITE 1400  
 JACKSONVILLE, FL 32207**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P WOODBURN, HENRY P III 510 S 3RD STREET JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2315 Beach Blvd., Suite 203 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Henry P. Woodburn 4/29/05 904 246 4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Doc# Daytime Phone #