

ANNUAL REPORT (AR)

FILED

Jan 29, 2007 0:
Secretary of

DOCUMENT # P99000059107

1. Entity Name

WOODSTOCK MANAGEMENT CO.



Principal Place of Business

7630 S. TAMIAMI TRAIL
SARASOTA FL 34231

Mailing Address

7630 S. TAMIAMI TRAIL
SARASOTA FL 34231

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0935570

Applied For
Not Applicable5. 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

JOHNSON, TERRY SR.
7630 S. TAMIAMI TRAIL
SARASOTA FL 34231

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, 2007 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	JOHNSON, TERRY SR	7630 S TAMIAMI TR	SARASOTA FL 34231	

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

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: *John Pizzi*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07
Date☐ Change ☐ Addition1/26/07 941-929-0226
Date Daytime Phone #

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: *John Pizzi*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

941-473-2353
Daytime Phone #