


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90103 017 \*\*\*150.00

<b>DOCUMENT # P99000083447</b>					
1. Entity Name <b>PHOENIX WOOD PRODUCTS, INC.</b>					
Principal Place of Business <b>3761 NE 36TH AVENUE OCALA FL 34479</b>			Mailing Address <b>3761 NE 36TH AVENUE OCALA FL 34479</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3600125</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FUTCH, R WILLIAM 610 SE 17TH STREET OCALA FL 34471</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Brian L. Knight</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, BRIAN L</b>		NAME	<b>1600 SW 29th St</b>	
STREET ADDRESS	<b>1008 NE 17TH TERRACE</b>		STREET ADDRESS	<b>OCALA, FL 34474</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>STEVEN D. REDRICK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDRICK, STEVEN D</b>		NAME	<b>2107 SE 13TH ST</b>	
STREET ADDRESS	<b>514 SE 8TH ST.</b>		STREET ADDRESS	<b>OCALA, FL 34471</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>Stanley Y. Redack</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDRICK, STAN Y</b>		NAME	<b>1209 SE 14th TRP</b>	
STREET ADDRESS	<b>951 NE 5TH ST.</b>		STREET ADDRESS	<b>OCALA, FL 34471</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZPATRICK, JOHN L</b>		NAME		
STREET ADDRESS	<b>719 SE 8TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL 34471</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**20034334**



1st MOORE CR2E034 (10/04)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/05**

**352-622-1131 x22**

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.