




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000084214</b> 1. Entity Name WILDERNESS ROAD, INC.			
Principal Place of Business 3308 CREEK RD. VERNON, FL 32462		Mailing Address P.O. BOX 95 VERNON, FL 32462	
<b>DO NOT WRITE IN THIS SPACE</b>			
		07122005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3631118	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
COOK, JOHN P 3308 CREEK RD. VERNON, FL 32462		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>  000000372479 07/13/05-80002-016 150.00	
NAME	COOK, JOHN P		
STREET ADDRESS	PO BOX 95		
CITY- ST- ZIP	VERNON, FL 32462		
TITLE	V		
NAME	COOK, SANDRA M		
STREET ADDRESS	PO BOX 95		
CITY- ST- ZIP	VERNON, FL 32462		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		Sandra M Cook 7-12-05 (850) 844-1426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	