

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19183

Entity Name: WOOLSTON, INC.

FILED  
May 30, 2006  
Secretary of State

## Current Principal Place of Business:

5410 TICE ST  
FT. MYERS, FL 33905 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 50338  
FORT MYERS, FL 33994 US

## New Mailing Address:

FEI Number: 65-0234547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOLSTON, F. JOHN  
5410 TICE STREET  
FT. MYERS, FL 33905 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOOLSTON, KATHLEEN A  
Address: 18561 TELEGRAPH CREEK LANE  
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete  
Name: WOOLSTON, F. JOHN,  
Address: 5410 TICE STREET  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: CALDERON, ORLANDO  
Address: 4320 THIRD ST WEST  
City-St-Zip: LEHIGH ACRES, FL 33971

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN WOOLSTON

PRES

05/30/2006

Electronic Signature of Signing Officer or Director

Date