2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # S21452 1. Entity Name LARRY WOODS SALES AGENCY, INC. Principal Place of Business Mailing Address 2767 W STATE RD 434 2767 W STATE RD 434 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3041116 Not Applicable Zip Country Zîp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODS, LAWRENCE L. Street Address (P.O. Box Number is Not Acceptable) 2734 ORCHARD DRIVE APOPKA FL 32712 Zip Code F١ 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 reinstailing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE DRFDelete Change ☐ Addition WOODS, LAWRENCE L. U00000295251 04/09/05-80020-012 150.00 NAME NAME 2734 ORCHARD DRIVE CIRFET ADDRESS STREET ADORESS CITY ST-ZIP APOPKA FL 32712 CITY ST. 26 THILE VSD Delete TITE Change ☐ Addition NAME WOODS, MARGARET L. NAME STREET ADDRESS 2734 ORCHARD DRIVE STREET ADDRESS C114-51-Z1P APOPKA FL 32712 CHTY-ST-ZIP HILE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Criy-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 78F Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CHY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/7/05 Date 407-774-2554

FILED