## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08:00 AN Secretary of State DOCUMENT # S24557 WOODRIGHT CONSTRUCTION CORP. Mailing Address Principal Place of Business 2605 51ST AVENUE 2605 51ST AVENUE VERO BEACH, FL 32966 VERO BEACH, FL 32966 ... 01272006 No.Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3047811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GROGAN, THOMAS M. **2605 51ST AVENUE** VERO BEACH, FL 32966 IN THIS SPACE 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, typed or printed name of registered agent and title 4 applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PS BREE GROGAN, THOAMS M NAME STREET ADDRESS 2605 51ST AVE U00000556726 05/17/06-80022-004 150.00 CITY-ST-ZIP VERO BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE PIAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with its address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-06 Date

Daytime Phone #