


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/27.

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90020 023 \*\*\*150.00

<b>DOCUMENT # S91588</b> 1. Entity Name <b>MARK WOODBURY &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>6801 NW 15TH WAY FT LAUDERDALE, FL 33309 US</b>	Mailing Address <b>6801 NW 15TH WAY FT LAUDERDALE, FL 33309 US</b>
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**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FBI Number <b>65-0290160</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WOODBURY, MARK 6801 NW 15TH AVENUE FORT LAUDERDALE, FL 33309-1509</b>
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**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOODBURY, MARK 6801 NW 15TH WAY FORT LAUDERDALE, FL 333091529
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

OPTIONAL STATEMENT: I, \_\_\_\_\_, Secretary of State, have filed this report as required by Chapter 607, Florida Statutes.