

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95167

FILED
Jan 13, 2007
Secretary of State

Entity Name: THE WOECKNER COMPANY

Current Principal Place of Business:

16104 VANDERBILT DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16104 VANDERBILT DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3110102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOECKNER, H. REED
16104 VANDERBILT DR
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOECKNER, ESTRELLA M,
Address: 16104 VANDERBILT DRIVE
City-St-Zip: ODESSA, FL

Title: STD () Delete
Name: WOECKNER, H REED,
Address: 16104 VANDERBILT DRIVE
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOECKNER, ESTRELLA M,
Address: 16104 VANDERBILT DRIVE
City-St-Zip: ODESSA, FL 33556

Title: STD (X) Change () Addition
Name: WOECKNER, H REED,
Address: 16104 VANDERBILT DRIVE
City-St-Zip: ODESSA, FL 33556

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: H. REED WOECKNER

STD

01/13/2007

Electronic Signature of Signing Officer or Director

Date