


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 008 \*\*\*150.00

**DOCUMENT # V03311**  
**1. Entity Name**  
**FLORIDA WOOD SERVICES, CO.**



**Principal Place of Business**      **Mailing Address**  
**2253 MERSHON ST**      **2253 MERSHON STREET**  
**LAKELAND FL 33801**      **LAKELAND FL 33801**  
**US**      **US**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **59-3096410**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**



MOORE      CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**JOHNSON, JEFFREY W., ESQUIRE**  
**2424 NORTH FEDERAL HIGHWAY**  
**SUITE 205**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PS	<input type="checkbox"/> Delete
<b>NAME</b>	CAHILL, WILLIAM H.	
<b>STREET ADDRESS</b>	4508 BEACH WAY DR.	
<b>CITY-ST-ZIP</b>	TAMPA FL	
<b>TITLE</b>	VT	<input type="checkbox"/> Delete
<b>NAME</b>	JOHNSON, SCOTT M.	
<b>STREET ADDRESS</b>	11009 SPRING RIDGE DR.	
<b>CITY-ST-ZIP</b>	TAMPA FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CAHILL, WILLIAM H.	
<b>STREET ADDRESS</b>	4508 BEACHWAY DR.	
<b>CITY-ST-ZIP</b>	TAMPA, FL 33609	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	S CAHILL, SHAWN D.	
<b>STREET ADDRESS</b>	2630 N. DUNDEE ST	
<b>CITY-ST-ZIP</b>	TAMPA, FL 33629	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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.**

**SIGNATURE:** William Cahill      **WILLIAM CAHILL**      2/2/04      863-688-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #