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

changed, or on an attachment with an address, with all other like empowered

WILLIAM CAHHL

**SIGNATURE:** 

## Feb 09, 2004 8:00 am **Secretary of State** DOCUMENT # V03311 1. Entity Name 02-09-2004 90027 008 \*\*\*150.00 FLORIDA WOOD SERVICES, CO. Principal Place of Business Mailing Address 2253 MERSHON STREET LAKELAND FL 33801 2253 MERSHON ST LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 59-3096410 Not Applicable Zip Country 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 JOHNSON, JEFFREY W., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2424 NORTH FEDERAL HIGHWAY SUITE 205 **BOCA RATON FL 33431** City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change . ☐ Addition CAHILL, WILLIAM H. NAME NAME CAHILL, WILLIAM H. STREET ADDRESS 4508 BEACH WAY DR. STREET ADDRESS 4508 BEACHWAY DZ. TAMPA FL CITY-ST-7IP CITY-ST-ZIP TAMPA, FU 33009 VΤ TITLE ☐ Delete TITLE Change ☐ Addition JOHNSON, SCOTT M. NAME NAME 11009 SPRING RIDGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP TITLE □ Delete TITLE Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CAHILL, SHAWN D. STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED