


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # V03311</b> 1. Entity Name <b>FLORIDA WOOD SERVICES, CO.</b>					
Principal Place of Business <b>2253 MERSHON ST LAKELAND FL 33801 US</b>			Mailing Address <b>2253 MERSHON STREET LAKELAND FL 33801 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHNSON, JEFFREY W., ESQUIRE 2424 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33431</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS		TITLE	P	
NAME	CAHILL, WILLIAM H.		NAME	CAHILL, WILLIAM H.	
STREET ADDRESS	4508 BEACH WAY DR.		STREET ADDRESS	4508 BEACHWAY DR.	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	VT		TITLE		
NAME	JOHNSON, SCOTT M.		NAME		
STREET ADDRESS	11009 SPRING RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	S	
NAME			NAME	CAHILL, SHAWN D.	
STREET ADDRESS			STREET ADDRESS	2430 N. DUNDEE ST	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33629	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E034 (11/03)

4. FEI Number **59-3096410** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:** William Cahill **WILLIAM CAHILL**

2/2/04 863-688-4244  
Date Daytime Phone #