


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3096410 Not Applicable

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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAHILL, WILLIAM H.
STREET ADDRESS	4508 BEACH WAY DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	VT
NAME	JOHNSON, SCOTT M.
STREET ADDRESS	11009 SPRING RIDGE DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	CAHILL, SHAWN D
STREET ADDRESS	2620 N. DUNDEE ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000177361
01/11/05-80034-022 150.00

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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 1/6/05 863-688-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #