


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



01042005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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

100000177361  
01/11/05-80034-022 150.00

**DO NOT WRITE IN THIS SPACE**

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 #