


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> V03311 1. Entity Name FLORIDA WOOD SERVICES, CO.	
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Principal Place of Business 2253 MERSHON ST LAKELAND, FL 33801 US	Mailing Address 2253 MERSHON STREET LAKELAND, FL 33801 US
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3096410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee will be \$550.00

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

1100000382891  
01/12/06-80032-014 150.00

**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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 H. Cahill WILLIAM H. CAHILL 1/9/06 863-688-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #