


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90194 030 \*\*\*150.00

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




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

Mailing Address  
 2253 MERSHON STREET  
 LAKELAND, FL 33801 US

40002693

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
 59-3096410 Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

JOHNSON, JEFFREY W., ESQUIRE  
 2424 NORTH FEDERAL HIGHWAY  
 SUITE 205  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Stephen D Marlowe  
 Street Address (P.O. Box Number is Not Acceptable): Marlowe, McNabb & Stayton, P.A.  
1560 West Cleveland Street.  
 City: Tampa State: FL Zip Code: 33606

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] (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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                      | <input type="checkbox"/> Delete |
| NAME           | CAHILL, WILLIAM H.     |                                 |
| STREET ADDRESS | 4508 BEACH WAY DR.     |                                 |
| CITY-ST-ZIP    | TAMPA, FL              |                                 |
| TITLE          | VT                     | <input type="checkbox"/> Delete |
| NAME           | JOHNSON, SCOTT M.      |                                 |
| STREET ADDRESS | 11009 SPRING RIDGE DR. |                                 |
| CITY-ST-ZIP    | TAMPA, FL              |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | CAHILL, SHAWN D        |                                 |
| STREET ADDRESS | 2620 N. DUNDEE ST      |                                 |
| CITY-ST-ZIP    | TAMPA, FL 33629        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 Cahill WILLIAM CAHILL 1/11/07 863-688-4244  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #