

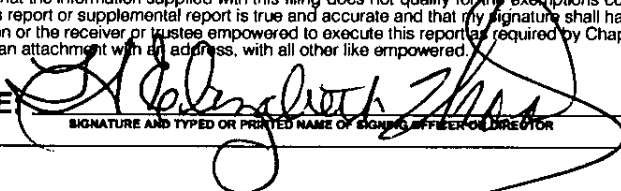


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # V17031 1. Entity Name H. ELIZABETH WOOD, P.A.			
Principal Place of Business 3272 WINDMILL CIR CANTONMENT, FL 32533		Mailing Address 3272 WINDMILL CIR CANTONMENT, FL 32533	
DO NOT WRITE IN THIS SPACE			
		 04042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3107416	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, BETH 3272 WINDMILL CIR CANTONMENT, FL 32533		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000865659 04/18/08-80023-012 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	WOOD, GARY S.		
STREET ADDRESS	3272 WINDMILL CIR		
CITY-ST-ZIP	CANTONMENT, FL		
TITLE	D		
NAME	WOOD, BETH		
STREET ADDRESS	3272 WINDMILL CIR		
CITY-ST-ZIP	CANTONMENT, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
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 		Pres. 4/4/08 850 428-4141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	