I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID T. WOODS

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent Officer/Director Detail ·

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.

Officer/Director Detail :			
Title	PVP	Title	т
Name	WOODS, DAVID T.	Name	WOODS, DAVID T.
Address	4990 TEAK WOOD DR	Address	4990 TEAK WOOD DR
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119
Title	S		
Name	WOODS, CHRISTINE R		

City-State-Zip: NAPLES FL 34119

Current Mailing Address:

4990 TEAK WOOD DR. NAPLES, FL 34119

FEI Number: 65-0038588

Name and Address of Current Registered Agent:

4990 TEAK WOOD DR.

WOODS, DAVID TPVP 4990 TEAK WOOD DR NAPLES, FL 34119 US

SIGNATURE:

Address

4990 TEAK WOOD DR. NAPLES. FL 34119

Entity Name: DAVID T. WOODS, INC.

Current Principal Place of Business:

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M75038

Certificate of Status Desired: No

Date

Date

FILED Jan 15, 2014 Secretary of State CC1613608743

PRESIDENT

01/15/2014