2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093605

Entity Name: JASON WOODARD ENTERPRISES, INC.

Current Principal Place of Business:

704 WEST DAMPIER STREET INVERNESS, FL 34450

Current Mailing Address:

704 WEST DAMPIER STREET INVERNESS, FL 34450

FEI Number: 20-3143369

Name and Address of Current Registered Agent:

WOODARD, JASON APTSD 704 W. DAMPIER ST. INVERNESS, FL 34450 US Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PTSD	Title	PTSD	
Name	WOODARD, JASON APTSD	Name	WOODARD, JASON APTSD	
Address	704 W. DAMPIER ST.	Address	704 W. DAMPIER ST.	
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	INVERNESS FL 34450	
Title	PTSD	Title	PTSD	
Name	WOODARD, JASON APTSD	Name	WOODARD, JASON APTSD	
Address	704 W. DAMPIER ST.	Address	704 W. DAMPIER ST.	
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	INVERNESS FL 34450	
Title	PTSD	Title	PTSD	
Name	WOODARD, JASON APTSD	Name	WOODARD, JASON APTSD	
Address	704 W. DAMPIER ST.	Address	704 W. DAMPIER ST.	
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	INVERNESS FL 34450	

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: JASON WOODARD

PTSD

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 15, 2013 Secretary of State CC7928642351

Date