

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 327052**

1. Entity Name  
**WOODSMOKE RECREATIONAL ENTERPRISES INC**



Principal Place of Business

19551 US HWY 41 S  
5-Z MYERS 5-1  
FT. MYERS, FL 33908 US

Mailing Address

19551 U.S. HWY 41 S  
FT. MYERS, FL 33908 US



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1432100**

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

WHEELER, HARRY  
19551 U.S. HIGHWAY 41 S  
FT. MYERS, FL 33908

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHEELER, HARRY
STREET ADDRESS	19551 U.S. HWY 41 S
CITY-ST-ZIP	FT. MYERS, FL
TITLE	VD
NAME	WHEELER, KATHY
STREET ADDRESS	19551 U.S. HWY 41 S
CITY-ST-ZIP	FT MYERS, FL
TITLE	T
NAME	WHEELER, CAROL
STREET ADDRESS	19551 U.S. HWY 41 S
CITY-ST-ZIP	FT. MYERS, FL
TITLE	SD
NAME	JOHNSTON, JIM
STREET ADDRESS	1364 CORDOVA AVENUE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80001-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #