

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 035 \*\*\*150.00

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<b>DOCUMENT # 327052</b> 1. Entity Name <b>WOODSMOKE RECREATIONAL ENTERPRISES INC</b>					
Principal Place of Business <b>19551 US HWY 41 S</b> <b>5-Z MYERS 5-1</b> <b>FT. MYERS, FL 33908 US</b>			Mailing Address <b>19551 U.S. HWY 41 S</b> <b>FT. MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1432100</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHEELER, HARRY</b> <b>19551 U.S. HIGHWAY 41 S</b> <b>FT. MYERS, FL 33908</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WHEELER, HARRY</b> <b>19551 U.S. HWY 41 S</b> <b>FT. MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Wheeler Harry</b> <b>19551 US HWY 41 S</b> <b>FT Myers FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WHEELER, KATHY</b> <b>19551 U.S. HWY 41 S</b> <b>FT MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WHEELER, CAROL</b> <b>19551 U.S. HWY 41 S</b> <b>FT. MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOHNSTON, JIM</b> <b>1364 CORDOVA AVENUE</b> <b>FT. MYERS, FL 33901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Johnston Jim</b> <b>1364 Cordova Ave</b> <b>FT Myers FL 33901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CONNELL, MELANIE</b> <b>25294 CATSKILL</b> <b>BONITA SPRINGS FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CONNELL, MELANIE</b> <b>25294 CATSKILL</b> <b>BONITA SPRINGS, FL 34135</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b>			<b>3-11-08</b> <b>239 267 3456</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		