

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 003 ***150.00

DOCUMENT # 379602		
1. Entity Name WOODEN SHOE GARDENS, INC.		

Principal Place of Business 3601 VINKEMULDER RD COCOANUT CREEK, FL 33073 US	Mailing Address 3601 VINKEMULDER RD COCOANUT CREEK, FL 33073 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44012798



01302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1348113	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VINKEMULDER, CORNELIUS R 4400 N W 7TH STREET COCONUT CREEK, FL 33066		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Cornelius Vinkemulder</i> CORNELIUS VINKEMULDER	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEITCH, RICHARD 9090 B S.W. 21ST ST. BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carol Vinkemulder 4400 NW 7th St. Coconut Creek, FL 33066 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINKEMULDER, CORNELIUS 4400 NW 7TH ST COCONUT CREEK, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINKEMULDER, JOYCE 4400 N W 7TH ST COCONUT CREEK, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINKEMULDER, JAMES 4400 N W 7TH ST COCONUT CREEK, FL 33066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Cornelius Vinkemulder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CORNELIUS R VINKEMULDER	Date: 2-19-04 Duties Phone #: (954) 970-0541