

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 379602 1. Entity Name WOODEN SHOE GARDENS, INC.	
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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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01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1348113	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VINKEMULDER, CORNELIUS R
4400 N W 7TH STREET
COCOANUT CREEK, FL 33066

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100100418468 02/14/06-80006-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINKEMULDER, CAROL 4400 NW 7TH ST COCOANUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINKEMULDER, CORNELIUS 4400 NW 7TH ST COCOANUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINKEMULDER, JOYCE 4400 N W 7TH ST COCOANUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINKEMULDER, JAMES 4400 N W 7TH ST COCOANUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, 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: Cornelius Vinkemulder Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____