

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90022 032 ***150.00

DOCUMENT # 688897

1. Entity Name

WOODCRAFT HOMES, INC.



Principal Place of Business
~~35002 U.S. 10 NORTH~~
~~PALM HARBOR FL 34684~~
US

Mailing Address
~~10785 ULMERTON RD~~
~~C/O WILLIAM S. JONASSEN~~
~~LARGO FL 33778~~
US

2. Principal Place of Business
~~2545 N.E. Coachman Rd.~~
Suite, Apt. #, etc.
~~#127~~

3. Mailing Address
~~604 Druid Road E.,~~
Suite, Apt. #, etc.

City & State
~~Clearwater Florida~~
Zip 33756 Country

City & State
~~Clearwater, Fl. 33756~~
Zip Country

4. FEI Number 59-2110439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JONASSEN, WILLIAM S~~
~~10785 ULMERTON RD~~
~~LARGO FL 33778~~

Name
Street Address (P.O. Box Number is Not Acceptable)

604 Druid Road East
City Clearwater, FL Zip Code 33778

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME WHEELER, TIMOTHY W
STREET ADDRESS 7 PEBBLE BEACH
CITY-ST-ZIP ENGLEWOOD FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2545 N. E. Coachman Road #127
CITY-ST-ZIP Clearwater, Fl. 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy W. Wheeler *PR 5510005* *3/05/05* *727-796-4397*