


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000157295</b> 1. Entity Name WOOD HARVESTERS, INC.	
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Principal Place of Business 321 EAST OHIO AVENUE LAKE HELEN, FL 32744	Mailing Address 321 EAST OHIO AVENUE LAKE HELEN, FL 32744
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07202006    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0546227	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNOWDEN, WILLIAM  
 321 EAST OHIO AVENUE  
 LAKE HELEN, FL 32744

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 \_\_\_\_\_ U00000571968  
07/25/06 00011 013 150.00  
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SNOWDEN, WILLIAM
STREET ADDRESS	321 EAST OHIO AVENUE
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	D
NAME	SNOWDEN, WILLIAM
STREET ADDRESS	321 EAST OHIO AVENUE
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: William V. Snowden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/06    386-717-3397

Date    Daytime Phone #