## 2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 31, 2007 08:00 AM DOCUMENT # P03000157295 **Secretary of State** 1. Entity Name WOOD HARVESTERS, INC. Principal Place of Business Mailing Address 321 EAST OHIO AVENUE 321 EAST OHIO AVENUE LAKE HELEN, FL 32744 LAKE HELEN, FL 32744 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0546227 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNOWDEN, WILLIAM DO NOT WRITE 321 EAST OHIO AVENUE LAKE HELEN, FL 32744 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, **PVST** TITLE U00000613314 SNOWDCEN, WILLIAM NAME 02/05/07-80033-016 150.00 321 EAST OHIO AVENUE STREET ADDRESS CITY-ST-ZIP LAKE HELEN, FL 32744 D TITLE SNOWDCEN, WILLIAM NAME STREET ADDRESS 321 EAST OHIO AVENUE LAKE HELEN, FL 32744 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 cath; 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 10 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered