

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157295

1. Entity Name
WOOD HARVESTERS, INC.



Principal Place of Business
321 EAST OHIO AVENUE
LAKE HELEN, FL 32744

Mailing Address
321 EAST OHIO AVENUE
LAKE HELEN, FL 32744

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0546227

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SNOWDCEN, WILLIAM
321 EAST OHIO AVENUE
LAKE HELEN, FL 32744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNOWDCEN, WILLIAM
321 EAST OHIO AVENUE
LAKE HELEN, FL 32744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000955698
07/22/08-80002-012 150.00

**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 T. Snowden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2008

Date

Daytime Phone #