

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 036 ***158.75

DOCUMENT # P07000032171

1. Entity Name

SMOOTHIE PARK INC.



Principal Place of Business

14880 STERLING OAKS DR
NAPLES FL 34110

Mailing Address

14880 STERLING OAKS DR
NAPLES FL 34110



2. Principal Place of Business - No P.O. Box #

13585 TAMiami TR. North

3. Mailing Address

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL.

Zip

34110

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

26-1418124

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODHOUSE, PHILLIP T
14880 STERLING OAKS DR
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME WOODHOUSE, PHILLIP T
STREET ADDRESS 14880 STERLING OAKS DR
CITY- ST- ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME WOODHOUSE, ROSEMARY A
STREET ADDRESS 14880 STERLING OAKS DR
CITY- ST- ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME REYNOLDS, AMY E
STREET ADDRESS 1195 SARAH JEAN CIR. #1-203
CITY- ST- ZIP NAPLES FL 34110

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
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 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:

Phillip T. Woodhouse

PHILLIP T. WOODHOUSE

3-11-08

239-591-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #