

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000088623			
1. Entity Name WOLVERINE HOME SERVICES, INC.			
Principal Place of Business 5350 GAYMOR DR ORLANDO, FL 32818		Mailing Address 5350 GAYMOR DR ORLANDO, FL 32818	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		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	
ROWE, RICKEY 5350 GAYMOR DR ORLANDO, FL 32818		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, by or printed name of registered agent and file if applicable NOTE: Registered Agent signature required when re-registering DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWE, RICKEY 5350 GAYMOR DR ORLANDO, FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		4-12-06 407-497-3369	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day Month Year	

FILED

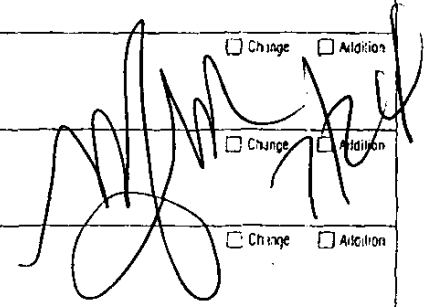
06 JUL 24 PM 4:35

40099618 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006 Chg-P CR2E034 (11/05)

FILE COPY



ATTACHMENT

40099618

#05000088623

Date: 7-13-06

From: Wolverine Home Services

To: Division Of Corporations

Hello,

I called too see why I got a Late notice from you guys. They said because I never paid I sent the check out in April. But I haven't received it back that you deposited it. So it must have got lost in the mail. Please waive the late fees from my account and disregard the old check as I have put a stop payment on it.

Thanks,

Rickey Rowe

Rickey Rowe