

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088623

**Entity Name:** WOLVERINE HOME SERVICES, INC.

**Current Principal Place of Business:**

637 SPRING OAKS BLVD.  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

637 SPRING OAKS BLVD.  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-3066027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROWE, RICKEY  
637 SPRING OAKS BLVD,  
ALTAMONTE SPRINGS, FL 32714 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            ROWE, RICKEY  
Address        637 SPRING OAKS BLVD  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICKEY ROWE**

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date