

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 506419

1. Entity Name

WOLF KNOB, INC.



Principal Place of Business

29546 STATE RD 54
WESLEY CHAPEL FL 33543-4255

Mailing Address

29546 STATE RD 54
WESLEY CHAPEL FL 33543-4255



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1788476

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, ARTHUR D.
29546 HWY 54 W
ZEPHYRHILLS FL 33543

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILLIAMS, ARTHUR D
STREET ADDRESS 29546 HWY 54 W
CITY-ST-ZIP ZEPHYRHILLS, FL 00000

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000415022
CITY-ST-ZIP 02/11/06-80063-009 150.00

TITLE DV ☐ Delete
NAME HOWARTH, PAUL J
STREET ADDRESS 518 FONTANA RIDGE RD
CITY-ST-ZIP BRYSON CITY NC 28713

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

TITLE STD ☐ Delete
NAME WILLIAMS, ANNE E.
STREET ADDRESS 29546 HWY 54 W
CITY-ST-ZIP ZEPHYRHILLS, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
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:

Arthur D Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/2006

Daytime Phone #