

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 004 ***150.00

DOCUMENT # 530643

1. Entity Name
KENNETH H. WOOLF, ARCHITECT, P.A.



Principal Place of Business
**100 WEST GADSDEN STREET
PENSACOLA, FL 32501**

Mailing Address
**100 WEST GADSDEN STREET
PENSACOLA, FL 32501**

40004747



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1728472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOLF, KENNETH H.
100 W. GADSDEN STREET
PENSACOLA, FL 32501**

**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

1/17/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOLF, KENNETH H. 15 NORTH SUNSET BLVD. GULF BREEZE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOLF, KENNETH H. 15 N. SUNSET BLVD GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOLF, ELIZABETH R. 15 N SUNSET BLVD GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOLF, ELIZABETH R. 15 N SUNSET BLVD. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Kenneth H. Woolf**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/05 850-438-3653

Daytime Phone #