2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90066 019 ***150.00

DOCUMENT # 588989

1. Entity Name
WOLFF CONTROLS CORPORATION

Principal Place of Business	Mailing Address
1800 EXECUTIVE RD. WINTER HAVEN, FL 33884-1170 US	P. O. BOX 9407 WINTER HAVEN, FL 33884-1170 US

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2929 DUNDEE RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number: 59-1849904 ☐ 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
STETTLER, INGA W 1800 EXECUTIVE RD WINTER HAVEN, FL 33884	Name: STETTLER, INGA W Street Address (P.O. Box Number is Not Acceptable): 2929 DUNDEE ROAD City: WINTER HAVEN FL Zip Code: 33884

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: Inga W. Stettler 4/12/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	DS STETTLER, INGA W 204 INVERNESS WAY WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STETTLER, INGA W 204 INVERNESS WAY WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFF, PETER U 363 STERLING DR WINTER HAVEN, FL 33884	☐ 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	VICE PRESIDENT RICHARD W. STETTLER 204 INVERNESS WAY WINTER HAVEN, FL 33881	☐ 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 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: Inga W. Stettler 4/12/05 863-324-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #