2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 588989

1. Entity Name
WOLFF CONTROLS CORPORATION

Principal Place of Business	Mailing Address
2929 DUNDEE RD WINTER HAVEN, FL 33884 US	P. O. BOX 9407 WINTER HAVEN, FL 33884-1170 US

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

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

STETTLER, INGA W
2929 DUNDEE RD
WINTER HAVEN, FL 33884

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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 _____ 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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	DS
NAME	STETTLER, INGA W
STREET ADDRESS	204 INVERNESS WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	T
NAME	STETTLER, INGA W
STREET ADDRESS	204 INVERNESS WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	PD
NAME	WOLFF, PETER U
STREET ADDRESS	363 STERLING DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VP
NAME	STETTLER, RICHARD W
STREET ADDRESS	204 INVERNESS WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80020-015 150.00

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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: Inga W. Stettler 4/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #