


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90341 027 \*\*\*158.75

<b>DOCUMENT # F01000006172</b> 1. Entity Name <b>WOLF TREE EXPERTS INC.</b>					
Principal Place of Business <b>3310 GREENWAY DRIVE KNOXVILLE, TN 37918</b>			Mailing Address <b>PO BOX 5416 KNOXVILLE, TN 37928-0416</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04262004    Chg-P    CR2E034 (10/03)	
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>62-0676838</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STAYTON, RON 1740 S. GETTYBURG DRIVE HOMOSASSA, FL 34448</b>					
7. Name and Address of New Registered Agent Name <b>CHRISTOPHER L. BRANCH</b> Street Address (P.O. Box Number is Not Acceptable) <b>586 EAST SIXTH WAY</b> City <b>GREENVILLE</b> FL    Zip Code <b>32331</b>					
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 <i>Christopher L Branch</i> DATE <b>4/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PCD	<input type="checkbox"/> Delete			
NAME	WOLF, TOM				
STREET ADDRESS	512 CHEROKEE BLVD				
CITY-ST-ZIP	KNOXVILLE, TN				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	WOLF, PAUL				
STREET ADDRESS	2848 GIBBS DR.				
CITY-ST-ZIP	KNOXVILLE, TN				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	GIBSON, LINDA				
STREET ADDRESS	403 PEARL ROAD				
CITY-ST-ZIP	SEYMOUR, TN				
TITLE	D	<input type="checkbox"/> Delete			
NAME	FRAZER, GENE				
STREET ADDRESS	6503 WEST MINISTER RD				
CITY-ST-ZIP	KNOXVILLE, TN				
TITLE	V	<input type="checkbox"/> Delete			
NAME	WOLF, MICHAEL				
STREET ADDRESS	7742 OGG RD				
CITY-ST-ZIP	KNOXVILLE, TN 37938				
TITLE	V	<input type="checkbox"/> Delete			
NAME	WOLF, JOHN				
STREET ADDRESS	2109 WOODMERE LN.				
CITY-ST-ZIP	KNOXVILLE, TN				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PAUL WOLF, SR.				
STREET ADDRESS	7742 OGG RD.				
CITY-ST-ZIP	KNOXVILLE, TN				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Linda M. Gibson</i> <b>Linda M. Gibson</b> Sec/Treas (865) 687-3400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					