2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM

| 1. Entity Nam | MENT # G46958 WOLF ENTERPRISES, INC. | · · | | Secretary of State |
|---|---|--|---|--|
| Principal Place 918 NO. 14 LEESBURG, | | Mailing Address 918 NO. 14TH ST LEESBURG, FL 34748 | 5 | ן אינו אינו אינו אינו אינו אינו אינו אינו |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 02112005 No Chg-P CR2E034 (10/03) 4. FEI Number |
| JOHN H. WOLF 918 N.14TH STREET LEESBURG, FL 34748 | | | | 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 pinted name of registered agent and this if applicable. (NOTE. Registered Agent algorithm refinitating) DATE Signature. | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution. | | .00 May Be 02/16/05-80060-002 150,00 ed to Fees |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PST WOLF, JOHN H 918 N 14TH ST. LEESBURG, FL | RECTORS | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME SYREET ADDRESS CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling 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: | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone # | | | | |