

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J21386

FILED  
Feb 12, 2005  
Secretary of State

Entity Name: DAVE WOLFSON ENTERPRISES, INC.

## Current Principal Place of Business:

4110 HENDERSON BLVD.  
SUITE A  
TAMPA, FL 33629 US

## New Principal Place of Business:

## Current Mailing Address:

C/O LEE WOLFSON  
1419 EASTFIELD DRIVE  
CLEARWATER, FL 33764 US

## New Mailing Address:

FEI Number: 36-3450547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WOLFSON, LEE M PRESIDE  
1419 EASTFIELD DRIVE  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOLFSON, LEE M PRESIDE  
Address: 1419 EASTFIELD DRIVE  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VD ( ) Delete  
Name: WOLFSON, LYN M VICE- P  
Address: 1624 W. ERIE  
City-St-Zip: CHICAGO, IL 60622 US

Title: SD ( ) Delete  
Name: WOLFSON, VIOLET M SECRETA  
Address: 6115 SOUTHLINGTON DR.  
City-St-Zip: PARMA, OH 44129 US

Title: TD ( ) Delete  
Name: WOLFSON, MARVIN S TREASUR  
Address: 6115 SOUTHLINGTON DR.  
City-St-Zip: PARMA, OH 44129 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE M. WOLFSON

PRES

02/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date