



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 002 ***158.75

DOCUMENT # M79579					
1. Entity Name WOLF'S NEWSSTAND, INC.					
Principal Place of Business % WOLF'S NEWSSTAND 7620 49TH STREET NORTH PINELLAS PARK, FL 33781			Mailing Address % WOLF'S NEWSSTAND 7620 49TH STREET NORTH PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box # 3340 KICKING HORSE DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3340 KICKING HORSE DRIVE <small>Suite, Apt. #, etc.</small>			
City & State LAKE HAVASU CITY, AZ		City & State LAKE HAVASU CITY, AZ		4. FEI Number 59-2889449	
Zip 86404		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, MICHAEL J 7620 49TH STREET NORTH PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P THOMAS, MICHAEL J <input type="checkbox"/> Delete 7620 49 ST N PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3340 KICKING HORSE DRIVE LAKE HAVASU CITY, AZ 86404	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V THOMAS, REBECCA J <input type="checkbox"/> Delete 7620 49 ST N PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3340 KICKING HORSE DRIVE LAKE HAVASU CITY, AZ 86404	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MICHAEL J THOMAS			2/1/08 928-566-1205 <small>Date Daytime Phone #</small>		