2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002739

1. Entity Name
AMERICAN WOLFPACK FEDERATION, INC.

Principal Place of Business	Mailing Address
1600 HOPE ST.	P.O. BOX 302
INTERCESSION CITY, FL 33848	INTERCESSION CITY, FL 33848

DO NOT WRITE IN THIS SPACE

01242005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
02-0690718	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MC FANN, ROBERT
1600 HOPE ST.
INTERCESSION CITY, FL 33848

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 printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MC FANN, ROBERT
STREET ADDRESS	1600 HOPE ST.
CITY-ST-ZIP	INTERCESSION CITY, FL 33848

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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: *Robert McFann* · ROBERT MCFANN   1-24-05 · 407-933-5627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #