2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2006 8:00 am Secretary of State DOCUMENT # P00000033132 02-16-2006 90048 026 \*\*\*150.00 HIDEAWAY WOLF, INC. Principal Place of Business Mailing Address 812 HIDEAWAY CIRCLE E. 812 HIDEAWAY CIRCLE E. MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBSTER, RONALD S Street Address (P.O. Box Number is Not Acceptable) 985 N. COLLIER BLVD. MARCO ISLAND FL 34145 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 DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE M ☐ Change TITLE William WOLF WOLF, NANCY B NAME 812 HIDEAWAY CIRcle E. #133 STREET ADORESS STREET ADDRESS 612 HIDEAWAY CIRCLE E. CITY-ST-ZIP CITY-ST-ZIP MARÇO ISLAND FL 34145 MARCO ISLAND, FL 34145 ☐ Change Addition TITLE Delete TITLE VP James H. WOLF NAME NAME SEIDEL, JOHN 812 Hideaway CIR E. STREET ADDRESS STREET ADDRESS 3655 AMBERLY CIRCLE A-108 CITY-ST-ZIP MAACO IS., FL 34145 CITY-ST-ZIP NAPLES FL 34112 ☐ Addition Delete TITLE ☐ Change TOTLE NAME NAME SEIDEL, MARIE R STREET ADDRESS STREET ADDRESS 3655 AMBERLY CIRCLE - A108 CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Jan. 22, 2006 239-394-620
Daytimo Phone #