


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P0000044141**

1. Entry Name  
**ALPINE WOLF, INC.**



**FILED**  
05 FEB -4 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
19 BIRCH AVENUE      19 BIRCH AVENUE  
SHALIMAR, FL 32579      SHALIMAR, FL 32579

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272005    Chg-P    CR2E034 (10/03) *ML*

4. FEI Number      Applied For  
**59-3709106**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOLF, RICHARD S</b> <b>19 BIRCH AVENUE</b> <b>SHALIMAR, FL 32579</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if acceptable. (NOTE: Registered Agent's signature required when reinstating)

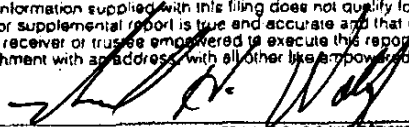
**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, RICHARD M	NAME	
STREET ADDRESS	17114 GRAYSAC COURT	STREET ADDRESS	
CITY - ST - ZIP	CORNELIUS, NC 28032	CITY - ST - ZIP	
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHORNEGGER, ARNO	NAME	
STREET ADDRESS	SONNENHANG 153 A-8786 ROTTENMANN	STREET ADDRESS	
CITY - ST - ZIP	AUSTRIA - EUROPE	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

700046658767  
02/15/05--01058--006    \*\*200.00

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 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 employees.

SIGNATURE: *X*       **29 JAN 2005 704-875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # **8726**