

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90757 003 ***150.00

DOCUMENT # P00000073019

1. Entity Name
FLORIDA TIMBER WOLF, INC.



Principal Place of Business
1606 TALLAHASSEE DR.
TARPON SPRINGS, FL 34689

Mailing Address
1606 TALLAHASSEE DR.
TARPON SPRINGS, FL 34689

2. Principal Place of Business
3914 Grand Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State
New Port Richey, FL
Zip 34652 Country USA

City & State
Zip Country

4. FEI Number
59-3667120
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESQ
2469 ENTERPRISE RD, STE B
CLEARWATER, FL 33763

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CORTESSIS, JOHN E
STREET ADDRESS 1606 TALLAHASSEE DR.
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Delete

TITLE D
NAME CORTESSIS, RENEE V
STREET ADDRESS 1606 TALLAHASSEE DR.
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 727-939-2211
Date Daytime Phone #