


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000077253
 1. Entity Name
 WOLFF PRODUCTIONS & CONSULTING, INC.



Principal Place of Business
 1916 TIMARRON WAY
 NAPLES, FL 34109

Mailing Address
 1916 TIMARRON WAY
 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3712313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, RICHARD
 916 TIMARRON WAY
 NAPLES, FL 34109

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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: *Richard Wolff* DATE: 6/15/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOLFF, RICHARD 1916 TIMARRON WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOLFF, SOOK J 1916 TIMARRON WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOLFF, RICHARD 1916 TIMARRON WAY NAPLES, FL 34109
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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: *Richard Wolff* DATE: 6/15/04 239-FAR-5356

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