2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90171 005 ***150.00

DOCUMENT # P01000067447

1. Entity Name
WOLFE GENERAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
624 CUMBERLAND DRIVE FLAGLER BEACH, FL 32136-4033	624 CUMBERLAND DRIVE FLAGLER BEACH, FL 32136-4033

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
315 MOODY BLVD.	315 MOODY BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLAGLER BEACH, FL	City & State: FLAGLER BEACH, FL
Zip: 32136 Country: USA	Zip: 32136 Country: USA

4. FEI Number: 59-3752572 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, JOAN D
624 CUMBERLAND DRIVE
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name: WOLFE, JOAN D.
Street Address (P.O. Box Number is Not Acceptable): 55 SEATTLE TRAIL
City: PALM COAST FL Zip Code: 32164

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: Joan D. Wolfe 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOLFE, EARL MACK 624 CUMBERLAND DR FLAGLER BEACH, FL 32136	☐ Delete	P WOLFE, EARL MACK 55 SEATTLE TRAIL PALM COAST, FL 32164	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHATILA, J NICOLE 624 CUMBERLAND DR FLAGLER BEACH, FL 32136	☐ Delete	VP CHATILA, J. NICOLE 315 MOODY BLVD. FLAGLER BEACH, FL 32136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Earl Mack Wolfe 4/29/05 386/439-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #