


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000069001
 1. Entity Name
CR WOLF, INC.



Principal Place of Business 81 DUNBAR ROAD EAST PALM BEACH GARDENS, FL 33418	Mailing Address C/O CARI A. PODESTA 11382 PROSPERITY FARMS ROAD, SUITE 228 PALM BEACH GARDENS, FL 33418
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07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1143210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PODESTA, CARI A P.A.
 11382 PROSPERITY FARMS ROAD
 SUITE 228
 PALM BEACH GARDENS, FL 33410**

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

1100000769761
 07/20/07-80802-023 150.00

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

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	PSTD BIEDERWOLF, CAROL 81 DUNBAR ROAD EAST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEDERWOLF, JOHN 81 DUNBAR ROAD EAST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEDERWOLF 111, JOHN W VD 310 JUPITER WOODS DR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEDERWOLF, RICHARD A VD 213 SEDONA WAY PALM BEACH GDNS., FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIEDERWOLF, JEFFREY S VD 214 S.W. 38TH PLACE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:  **7/10/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #