

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 002 ***150.00

DOCUMENT # P02000047650

1. Entity Name
WOLVERINE INTERIORS, INC.



Principal Place of Business
**4280 GONDOWER RD.
SPRING HILL, FL 34609**

Mailing Address
**4280 GONDOWER RD.
SPRING HILL, FL 34609**

50018349



2. Principal Place of Business
11452 LAGORCE AVE
Suite, Apt. #, etc.

3. Mailing Address
11452 LAGORCE AVE
Suite, Apt. #, etc.

04032006 Chg-P CR2E034 (11/05)

City & State
SPRING HILL, FL
Zip
34609 Country

City & State
SPRING HILL, FL
Zip
34609 Country

4. FEI Number
04-3655491
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WRIGHT, SHANE L
~~**5112 LANDOVER BOULEVARD**~~ **11452 LAGORCE AVE**
SPRING HILL, FL 34609

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 _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
WRIGHT, SHANE L
4280 GONDOWER RD.
SPRING HILL, FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
BIENKOWSKI, STEFAN
6518 COVEWOOD DRIVE
SPRING HILL, FL 34609 ☐ 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
PT
WRIGHT, SHANE L
11452 LAGORCE AVE
SPRING HILL, FL 34609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
BIENKOWSKI, STEFAN
1337 AUTUMN RD
SPRING HILL, FL 34606 ☒ Change ☐ Addition

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

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

Date _____ Daytime Phone # _____