## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000067269 1. Entity, Name BARBARA WOLFE, P.A.

FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

1134 SAN REMO DR LARGO, FL 33770 Mailing Address

1134 SAN REMO DR LARGO, FL 33770



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

55-0787611

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

WOLFE, BARBARA 1134 SAN REMO DR LARGO, FL 33770

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the p<br>ions of registered agent.  | urpose of changing its register                                     | red office or regi                                      | stered agent, or bo  | th, in the State of Florida. I am familiar with, and accept  |
|---|---|---|---|--|--|
| SIGNATURE   |   |   |   |  | DATE   |
| FILE NOWIL! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution. |   |   | · —   | \$5.00 May Be<br>Added to Fees                                   |  |
| 16.   | OFFICERS AND DIREC  | CTORS   | 1   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>WOLFE, BARBARA<br>1134 SAN REMO DR<br>LARGO, FL 33770  |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |  | U00000378583<br>01/09/06-80013-019 150,00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   | IN '   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |  | · January - January - Albandary - Albandar |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |  |  |
| indicated<br>of the cor   | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowere<br>or on an attachment with an address, with al | and accurate and that my signa<br>d to execute this report as requi | kemptions conta<br>ature shall have<br>uired by Chapter | ined in Chapter 11<br>the same legal effe<br>607, Florida Statut | <ol> <li>Florida Statutes. I further certify that the information<br/>of as if made under oath, that I am an officer or director<br/>es; and that my name appears in Block 10 or Block 11 if</li> </ol>  |