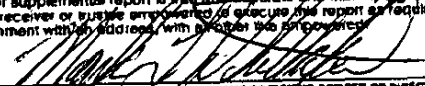
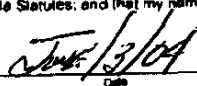


05/12/2021 22:44 3525967885

EDWARD H FREK

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 16, 2004 8:00 am
Secretary of State

04-26-2004 90484 011 ***150.00

DOCUMENT # P02000115554					
1. Entity Name TIMBER WOLF HOMES, INC.					
Principal Place of Business 4009 BLACK OAK TRAIL SPRING HILL, FL 34609			Mailing Address 4009 BLACK OAK TRAIL SPRING HILL, FL 34609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent FREKEY, EDWARD H 8185 FREEPORT DRIVE SPRING HILL, FL 34608				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 reappointing) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00			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	P	MARK L WHITTAKER ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS		4009 BLACK OAK TRAIL	STREET ADDRESS		
CITY-ST-ZIP		SPRING HILL FL 34609	CITY-ST-ZIP		
TITLE	V/P	CHERYL WHITTAKER ☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS		4009 BLACK OAK TRAIL	STREET ADDRESS		
CITY-ST-ZIP		SPRING HILL FL 34609	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with signature and telephone number.					
SIGNATURE: 			Date: 		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date		

4/26/04 90484 011 150.00



03292004 Chg-P CR2E034 (10/03)

6. FEI Number: **30-0060974** Applied For: ☐ Not Applicable8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code