

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90028 002 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34604

Country

Zip
34604

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
30-0060974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITTAKER, MARK
4009 BLACK OAK TRAIL
SPRING HILL, FL 34609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34604

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

1/24/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **P** ☐ Delete
NAME **WHITTAKER, MARK L**
STREET ADDRESS **4009 BLACK OAK TRAIL**
CITY - ST - ZIP **SPRING HILL, FL 34609**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **34604**

TITLE **VP** ☐ Delete
NAME **WHITTAKER, CHERYL**
STREET ADDRESS **4009 BLACK OAK TRAIL**
CITY - ST - ZIP **SPRING HILL, FL 34609**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **34604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 #

1/24/07

352 279 1269