


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90282 050 ***150.00

DOCUMENT # P02000126255		
1. Entity Name WOLFIES, INC.		

Principal Place of Business 4311 COLD HARBOR DRIVE NEW PORT RICHEY, FL 34653	Mailing Address 4311 COLD HARBOR DRIVE NEW PORT RICHEY, FL 34653
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2. Principal Place of Business <i>8619 New York Ave</i>	3. Mailing Address <i>8619 New York Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Hudson FL</i>	City & State <i>Hudson FL</i>	4. FEI Number 11-3666143	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34667</i>	Country <i>USA</i>	Zip <i>34667</i>	Country <i>U.S.A.</i>

34000001



03182004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, BRIAN A 4311 COLD HARBOR DRIVE NEW PORT RICHEY, FL 34653	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>4241 Manihi Dr. Apt. C</i> City <i>New Port Richey</i> FL Zip Code <i>34653</i>	

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 *Brian Wolfe* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, BRIAN A 4311 COLD HARBOR DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4241 Manihi Dr, Apt. C New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, JOANNE M 4311 COLD HARBOR DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4241 Manihi Dr, Apt. C New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Brian Wolfe* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #