

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 021 \*\*\*150.00

**DOCUMENT # P03000065173**

1. Entity Name  
**ECHOWOLFIE INC.**



Principal Place of Business  
**20359 E. PENNSYLVANIA AVE.  
STE B  
DUNNELLON, FL 34431**

Mailing Address  
**20359 E. PENNSYLVANIA AVE.  
STE B  
DUNNELLON, FL 34431**

**66432950**



2. Principal Place of Business  
**4215 E. Bay Dr.  
Suite, Apt. #, etc.  
1402 D**

3. Mailing Address  
**4215 E. Bay Dr.  
Suite, Apt. #, etc.  
1402 D**

07282004 Chg-P CR2E034 (10/03)

City & State  
**Clearwater, FL**  
Zip  
**33764** Country  
**U.S.**

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**Clearwater, FL**  
Zip  
**33764** Country  
**U.S.**

4. FEI Number  
**65-1192885** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFF, CONSTANCE L  
19100 SW 105TH LN RD  
DUNNELLON, FL 34432**

7. Name and Address of New Registered Agent

Name  
**Constance L. Wolff**  
Street Address (P.O. Box Number is Not Acceptable)  
**4215 E. Bay Dr.**  
**STE. 1402 D**  
City  
**Clearwater** FL Zip Code  
**33764**

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: *Constance L. Wolff* **Constance L. Wolff** **07/29/04**  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**WOLFF, CONSTANCE L  
19100 SW 105TH LN RD  
DUNNELLON, FL 34432**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**Wolff, Constance L  
4215, E. Bay Dr. STE 1402 D  
Clearwater, FL 33764**

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 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: *Constance L. Wolff* **7/29/04** **727/530-1817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #