

**2005 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90138 021 ***150.00

DOCUMENT # P03000067649

1. Entity Name
JACK C. WOLFF, P.A.



Principal Place of Business

~~265 ROSS ROAD~~
~~TALLAHASSEE, FL 32305~~
2718 LAUREL OAK DRIVE
PLANT CITY, FL 33566

Mailing Address

~~265 ROSS ROAD~~
~~TALLAHASSEE, FL 32305~~
2718 LAUREL OAK DRIVE
PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0054406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFF, JACK C
~~265 ROSS ROAD~~ **2718 LAUREL OAK DRIVE**
~~TALLAHASSEE, FL 32305~~ **PLANT CITY, FL**
33566

**DO NOT WRITE
IN THIS SPACE**

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

Jack C Wolff

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WOLFF, JACK C PRES**
STREET ADDRESS ~~265 ROSS ROAD~~ **2718 LAUREL OAK DRIVE**
CITY - ST - ZIP ~~TALLAHASSEE, FL 32305~~ **PLANT CITY, FL 33566**

TITLE
NAME
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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:

Jack C Wolff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

Date

857-656-9656

Daytime Phone #