

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080014

Entity Name: WOLFIES PLUMBING INC

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

2701 SW SLADE PLACE
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

1832 SW IDAHO LANE
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

1832 SW IDAHO LN
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-0099265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, MARK A
2701 SW SLADE PLACE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

WOLFE, MARK A
1832 SW IDAHO LANE
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: MARK A WOLFE

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, MARK A
Address: 2701 SW SLADE PLACE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TS () Delete
Name: WOLFE, MICHELLE L
Address: 2701 SW SLADE PLACE
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLFE, MARK A
Address: 1832 SW IDAHO LANE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TS (X) Change () Addition
Name: WOLFE, MICHELLE L
Address: 1832 SW IDAHO LANE
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE WOLFE

TS

04/07/2006

Electronic Signature of Signing Officer or Director

Date