

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000110780

1. Entity Name
WOLF MOUNTAIN ENTERPRISES INC.



Principal Place of Business

1588 SW 151 AVENUE
PEMBROKE PINES, FL 33027 US

Mailing Address

1588 SW 151 AVENUE
PEMBROKE PINES, FL 33027 US

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0282575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TYRRELL, GAIL I
1588 SW 151 AVENUE
PEMBROKE PINES, FL 33027

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000278091

03/28/05-60011-024 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE P
NAME TYRRELL, GAIL I
STREET ADDRESS 1588 SW 151 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE S
NAME TYRRELL, JOHN J
STREET ADDRESS 1588 SW 151 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE T
NAME TYRRELL, JOHN J
STREET ADDRESS 1588 SW 151 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE D
NAME TYRRELL, GAIL I
STREET ADDRESS 1588 SW 151 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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)(f), 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: *Gail I. Tyrrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

Daytime Phone #