

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 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



04082006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000517446
05/01/06-80046-007 150.00

10. OFFICERS AND DIRECTORS

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL I. TYRRELL

4/13/06

Daytime Phone #