


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 013 ***550.00

| | |
|---|---|
| DOCUMENT # P03000142750 |  |
| 1. Entity Name WOLFE RENOVATION INC | |

| | |
|---|---|
| Principal Place of Business 2102 21ST AVE WEST BRADENTON, FL 34205 US | Mailing Address 2102 21ST AVE WEST BRADENTON, FL 34205 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 8424 43rd AVE. W. | 3. Mailing Address 8424 43rd AVE. DR. W. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|--------------------------------------|
| City & State BRADENTON, FL. | City & State BRADENTON, FL |
| Zip 34205 | Country USA |
| Zip 34209 | Country USA |

09062005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 20-0434033 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent WOLFE, GERALD 2102 21ST AVE WEST BRADENTON, FL 34205 | |
|--|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name GERALD WOLFE Street Address (P.O. Box Number is Not Acceptable) 8424 43rd AVE. DR. W. City BRADENTON FL Zip Code 34209 | |
|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| P WOLFE, GERALD 2102 21ST AVE WEST BRADENTON, FL 34205 | |
| V WOLFE, RON 2102 21ST AVE WEST BRADENTON, FL 34205 | <input checked="" type="checkbox"/> Delete |
| T CLARK, RYAN 2108 27TH AVE W BRADENTON, FL 34205 | <input checked="" type="checkbox"/> Delete |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| P WOLFE, GERALD 8424 43rd AVE. DR. W. BRADENTON, FL 34209 | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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:  **9/6/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #