


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90004 018 ***150.00

DOCUMENT # P03000154767	
1. Entity Name DAVID E. WOLFE CONSTRUCTION, INC.	

Principal Place of Business 1514 S MULRENNAN RD VALRICO, FL 33594	Mailing Address PO BOX 1536 VALRICO, FL 33595
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2. Principal Place of Business 1702 LITHIA PINECREST RD	3. Mailing Address PO Box 1536
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Valrico, FL	City & State Valrico FL
Zip 33594	Zip 33595
Country	Country



04222005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0140298	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, DONNA E 1514 S MULRENNAN RD VALRICO, FL 33594	7. Name and Address of New Registered Agent Name DONNA E Wolfe Street Address (P.O. Box Number is Not Acceptable) 1702 LITHIA PINECREST RD City Valrico FL Zip Code 33594
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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 *Donna E Wolfe* DATE 5/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS WOLFE, DONNA E 1514 S MULRENNAN RD VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC WOLFE, DAVID E 1514 S. MULRENNAN RD. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: *Donna E Wolfe* Date 5/10/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR