


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90049 005 \*\*\*150.00

<b>DOCUMENT # P04000003023</b>	
1. Entity Name <b>WOLFELIS FLORIDA CORPORATION</b>	

Principal Place of Business <b>4710 SANDS BOULEVARD CAPE CORAL, FL 33914</b>	Mailing Address <b>4710 SANDS BOULEVARD CAPE CORAL, FL 33914</b>
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**40013241**



2. Principal Place of Business <b>1318 Lafayette Street</b>	3. Mailing Address <b>1318 Lafayette Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State <b>Cape Coral, Florida</b>	City & State <b>Cape Coral, Florida</b>	4. FEI Number <b>20-2257737</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33904</b>	Country <b>Lee</b>	Zip <b>33904</b>	Country <b>Lee</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Thomas W. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>1318 Lafayette Street</b> City <b>Cape Coral</b> FL <b>33904</b>	
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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 *Thomas W Hill* DATE *2/2/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHNEIDER, WOLFGANG 4710 SANDS BOULEVARD CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>An den Tongruben 6 Rheinzabern 76764 - Germany</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHNEIDER, ELIZABETH 4710 SANDS BOULEVARD CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>An den Tongruben 6 Rheinzabern 76764 - Germany</b>
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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
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: *[Signature]* DATE *2-2-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR