2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P04000012200

1. Entity Name

QUALITY CONSTRUCTION BY WOLFE, INC.

				CAD PETEN				
Principal Place of Business 320 FLEMING BRIDGE RD.		Mailing Address 320 FLEMING BRIDGE RD.						
MILTON FL	. 32570	MILTON FL 32570						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			BRIICH HI BRIII BIBII ESTA BRAN BRIN BB	164 )) MIN II NIN II NII II MUII		
Suite, Apt. #. etc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)				
City & State		City & State		4. FEI Numi	20-0673037		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificat	le of Status Desired	\$8.75 A	
	6. Name and Address of Currer	nt Registered Agent	•		7. Name an	d Address of New Registe	red Agent	
2 / 1	BA, DANIEL		Na	ame		<del></del>		*
646	50 JUSTICE AVE. TON FL 32570		St	reet Address	(P.O. Bex Numl	ber is Not Acceptable)		
			Ci	ty			FL Zip Co	ode
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered of	fice or registe	ered agent, or b	oth, in the State of Florida.	I am familiar wit	h, and accept
SIGNATURE	Signature, typed or mirred hamn of rour mired mae-	nt and the Langhosole, fixO	TE Fegistried Ager	4 อเกิดกรักษา เรศิษณ	ed when swettablig-	C	ATE	
	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0					9. Election Campaign Fi	nancing \$!	5.00 May Be
Make Chec	k Payable to Florida Department	of State				Trust Fund Centribution	on 🗌 Ac	Ided to Fees
10.	OFFICERS ANI	D DIRECTORS	11.	<del>,</del>	ADDITIONS	S/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
TITLE	D	☐ Delete	MILF				🗀 Change	e 🔲 Addition
NAME	WOLFE, CHARLES M		NAME					
STREET ADDRESS	320 FLEMING BRIDGE RD.		STREET ADD	DRESS				
CITY-ST-ZIP	MILTON FL 32570		CITY-ST ZI	P		1 1 mm, who will see any who were the second of the second	E-7.79.	
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NAME	•		HAME					
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12. If hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Ficrida 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: Charles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08

850-293-1057

Daytime Engile #

**FILED** 

Mar 28, 2008 08:00 AN Secretary of State