

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098097

Entity Name: C.W. WOLFE, INC.

FILED
Jan 22, 2010
Secretary of State

Current Principal Place of Business:

9 TALL OAKS TRAIL
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

9 TALL OAKS TRAIL
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 90-0186164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFE, C. W
9 TALL OAKS TRAIL
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: WOLFE, C. W
Address: 9 TALL OAKS TRAIL
City-St-Zip: LAKE PLACID, FL 33852

Title: VP
Name: WOLFE, CHRISTOPHER W
Address: 9 TALL OAKS TRAIL
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: WOLFE, C. W
Address: 9 TALL OAKS TRAIL
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: WOLFE, CHRISTOPHER WARREN
Address: 9 TALL OAKS TRAIL
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES WARREN WOLFE

PRES

01/22/2010

Electronic Signature of Signing Officer or Director

Date