

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90003 010 \*\*\*150.00

DOCUMENT # P04000105317

1. Entity Name

WOLFE CREATIONS, INC.



Principal Place of Business

4690 AVE. NORTH  
ROYAL PALM BEACH FL 33411

Mailing Address

4690 AVE. NORTH  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

4690 130TH AVE N.

3. Mailing Address

4690 130TH AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)



City & State

Royal Palm Bch. FL

City & State

Royal Palm Bch. FL

4. FEI Number

201460738

Applied For

Not Applicable

Zip

33411

Country

Palm Bch.

Zip

33411

Country

Palm Bch.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, TROY

4690 AVE. NORTH 4690 130TH AVE N.  
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Troy Wolfe*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/19/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WOLFE, TROY  
CITY-ST-ZIP 4690 AVE. NORTH 13 4690 130TH AVE N.  
ROYAL PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Troy Wolfe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/05

Date

Daytime Phone #

(561) 795-3195

TO WHOM IT MAY CONCERN, ATTACHMENT  
26061041

I AM REQUESTING THAT THE LATE FEE BE DROPPED,  
SINCE THERE WAS A TYPE ERROR WITH MY ADD.  
SO I NEVER RECEIVED A RENEWAL NOTICE.

THANK YOU

TROY WOLFE

MY CORRECT ADD.  
↓

4690 130<sup>TH</sup> AVE N.  
ROYAL PALM BCH. FL. 33411

THE ADD. IN COMPUTER

4690 AVE N.