2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90113 033 ***150.00
P04000114807

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000114807

1. Entity Name
WOLFE & SONS, INC.

Principal Place of Business	Mailing Address
2472 NW 62ND TERRACE MARGATE, FL 33063	2472 NW 62ND TERRACE MARGATE, FL 33063

2. Principal Place of Business		3. Mailing Address	
2472 NW 62ND TERRACE		2472 N.W. 62nd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MARGATE FL		City & State: MARGATE FL.	
Zip: 33063	Country: BROWARD	Zip: 33063	Country: BROWARD

4. FEI Number: 20-1463735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOLFE, DAVID P SR		NAME	
STREET ADDRESS	2472 NW 62ND TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOLFE, DAVID P JR		NAME	
STREET ADDRESS	2472 NW 62ND TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: David P. Wolfe Sr. 6-30-05 954-977-6931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts JUL 15 2005