## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AI
Secretary of State

DOCUMENT # P04000125423  1. Entity Name WOLFE EN TEPRISES OF MID FLORIDA, INC.					1	Secretary of Sta
Principal Place of Business 16 TALAQUAH ORMOND BEACH, FL 32	•	Mailing Address 16 TALAQUAH ORMOND BEACH, FL 32174		] 1211111111111		
		N THIS SPA	CE	01082008 4. FEI Number 75-317	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
BURT, DAVID A 501 SOUTH RIDGEV DAYTONA BEACH,	FL 32114			IN	NOT W	PACE
the obligations of regist		e il applicable. (NOTE, Register  9. Election Campaign Fina	ed Ageni signature required	when renstating)	th, in the State of Fi	orida. Lam familiar with, and accept
After May 1, 2008	Fee will be \$550.00	Trust Fund Contribution	L Add	ed to Fees	<u></u>	
10.  ITHE DOWNLIFE, MOLFE, MOL		CIONS			00000 01/17/08	0786791 -80056-022 150.00
TITLE NAME			Ī	•		
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE
TITLE NAME SIPEET ADDRESS CTY-ST-ZIP					THIS SI	PACE
NAME STREET ADDRESS ONY-ST-7IP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;	,		
12. Thereby certify that the indicated on this report of the corpolation or the changed, of on an atta	information supplied with this or supplemental report is true a receiver of trustels empower chment withtan aboress with	iling does not qualify for the ex and accurate and that my signa of to execute this report as requ to ther like empowered.	temptions contained ature shall have the s ured by Chapter 607	i in Chapter 119 same legal effec 7, Florida Statute	<ol> <li>Florida Statutes.</li> <li>as if made under is, and that my name</li> </ol>	further certify that the information oath; that I am an officer or cirector e appears in Block 10 or Block 11 if