

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # P04000130094

1. Entity Name
WOLFORD & WHEATEN, INC.



Principal Place of Business
**1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323**

Mailing Address
**1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1644404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOLFORD, DEBORAH A
1580 SAWGRASS CORPORATE PARKWAY SUITE 130
SUNRISE, FL 33323**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000816862
02/14/08-80069-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFORD, DEBORAH A
STREET ADDRESS	1580 SAWGRASS CORPORATE PARKWAY SUITE 130
CITY - ST - ZIP	SUNRISE, FL 33323

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NAME	WOLFORD, DEBORAH A
STREET ADDRESS	1580 SAWGRASS CORPORATE PARKWAY SUITE 130
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Deborah A Wolford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/08

Date

(954)
343-7067

Daytime Phone #