2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2008 8:00 am DOCUMENT # P05000032632 **Secretary of State** 1. Entity Name 02-19-2008 90027 034 ***150.00 WOLF CONTRACTING & CONCRETE, INC. Mailing Address Principal Place of Business 8255 SHAW ROAD 8255 SHAW ROAD **BROOKSVILLE FL 34602 BROOKSVILLE FL 34602** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-2935789 Not Applicable Zip Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLF, KARL 8255 SHAW ROAD **BROOKSVILLE FL 34602** 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 earny of registered agent and title if applicable. (NOTE: Registered Againt signature required when reinstating) FILE NOW!!! FEE 16 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State : OFFICERS AND DIRECTORS 16.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P - 15. TITLE ☐ Delete TITLE Addition KARI WOLF WOLF, KARL NAME NAME e prook. LANC 8255 SHAW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34602** CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TIRE ☐ Change NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TIT: F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 at other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone