


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 043 ***150.00

DOCUMENT # P06000014392

1. Entity Name
RED WOLF EXPEDITIONS INC.



Principal Place of Business
2841 NORTHWEST 7TH AVE
WILTON MANNERS, FL 33311 US

Mailing Address
2841 NORTHWEST 7TH AVE
WILTON MANNERS, FL 33311 US

2. Principal Place of Business - No P.O. Box #
2841 NW 7th Avenue

3. Mailing Address
2841 NW 7th Avenue

Suite, Apt. #, etc.

City & State
Wilton Manors, FL

City & State
Wilton Manors, FL

Zip
33311

Country
US

Zip
33311

Country
US

40085582



04232008 Chg-P CR2E034 (12/06)

4. FEI Number
75-3209498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBERT, WAYNE A
2841 NORTHWEST 7TH AVE
WILTON MANNERS, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2841 NW 7th Avenue

City
Wilton Manors

State
FL

Zip Code
33311

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 *Wayne A. Holbert* DATE **4/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME HOLBERT, WAYNE A		NAME	
STREET ADDRESS 2841 NORTHWEST 7TH AVE		STREET ADDRESS 2841 NW 7th Avenue	
CITY-ST-ZIP WILTON MANNERS, FL 33311		CITY-ST-ZIP Wilton Manors, FL 33311	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 lists empowered.

SIGNATURE: *Wayne A. Holbert* **Wayne A. Holbert, Pres. 4/23/08 (954) 566-5071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #