



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90032 038 \*\*\*150.00

<b>DOCUMENT # P06000038145</b> 1. Entity Name <b>WOLFE CONSTRUCTION AND DEVELOPMENT, INC.</b>					
Principal Place of Business <b>5005 PICKETT COURT TAMPA, FL 33624</b>			Mailing Address <b>5005 PICKETT COURT TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box # <b>15438 N. FLORIDA AVE</b>		3. Mailing Address <b>5005 PICKETT CT</b>			
Suite, Apt. #, etc. <b>Suite 140</b>		Suite, Apt. #, etc. <b>---</b>			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>14-1968637</b>	
Zip <b>33613</b>		Country <b>USA</b>		Zip <b>33624</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WOLFE, BRIAN D 5005 PICKETT COURT TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PRES</b>	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WOLFE, BRIAN D</b>			NAME _____		
STREET ADDRESS <b>5005 PICKETT COURT</b>			STREET ADDRESS _____		
CITY-ST-ZIP <b>TAMPA, FL 33624</b>			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 like empowered.					
<b>SIGNATURE:</b> 			<b>4-10-07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		