

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000129320

1. Entity Name
WOLF CREEK TRANSPORT INC



Principal Place of Business
1078 ROCK HILL COURT
PONCE DE LEON, FL 32455

Mailing Address
1078 ROCK HILL COURT
PONCE DE LEON, FL 32455

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5700338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, ROBERT E
1078 ROCK HILL COURT
PONCE DE LEON, FL 32455

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000958805
09/03/08-80003-004 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, ROBERT E 1078 ROCK HILL COURT PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBEREE, RITA L 1078 ROCK HILL COURT PONCE DE LEON, FL 32455
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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:

Rita Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-8

Date

Daytime Phone #