

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051890

Entity Name: WOLFE HOSPITALITY, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

9784 PINEOLA DR.  
ORLANDO, FL 32836

## New Principal Place of Business:

1433 MARBLE CREST WAY  
WINTER GARDEN, FL 34787

## Current Mailing Address:

9784 PINEOLA DR.  
ORLANDO, FL 32836

## New Mailing Address:

1433 MARBLE CREST WAY  
WINTER GARDEN, FL 34787

FEI Number: 65-0591969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFE, CAROL  
9784 PINEOLA DR  
ORLANDO, FL 32836 US

## Name and Address of New Registered Agent:

WOLFE, CAROL  
1433 MARBLE CREST WAY  
WINTER GARDEN, FL 34787 US

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.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOLFE, CAROL  
Address: 9784 PINEOLA DR.  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: WOLFE, FLOYD  
Address: 9784 PINEOLA DR.  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: COMPTON, ROBERTA  
Address: 222 BENTWOOD DRIVE  
City-St-Zip: DELRAN, NJ

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WOLFE, CAROL  
Address: 1433 MARBLE CREST WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change ( ) Addition  
Name: WOLFE, FLOYD  
Address: 1433 MARBLE CREST WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change ( ) Addition  
Name: COMPTON, ROBERTA  
Address: 3709 DOUNE WAY  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WOLFE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date