

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90026 030 \*\*\*150.00

<b>DOCUMENT # P95000062996</b> 1. Entity Name <b>WOLFORD REALTY, INC.</b>					
Principal Place of Business <b>27052 83RD PLACE</b> <b>BRANFORD, FL 32008 US</b>			Mailing Address <b>POST OFFICE BOX 546</b> <b>BELL, FL 32619 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7330 NW 22<sup>nd</sup> Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME AS ABOVE.</b> Suite, Apt. #, etc.			
City & State <b>Bell FL</b>		City & State		4. FEI Number <b>59-3351011</b>	
Zip <b>32619</b>		Country <b>U.S.</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>WOLFORD, RICHARD W</b> <b>7330 NW 22ND COURT</b> <b>BELL, FL 32619</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 <u><i>Richard W. Wolford</i></u> DATE <u>4/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>WOLFORD, KATHLEEN A</b> <b>7330 NW 22ND COURT</b> <b>BELL, FL 32619</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <u><i>Kathleen A. Wolford</i></u> <b>Pres</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/12/08</u> Daytime Phone # <u>(386) 935-0243</u>		

60023321



04122008 Chg-P CR2E034 (12/06)

KATHLEEN A. WOLFORD, PRESIDENT