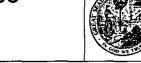
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P95000062996 DOCUMENT #

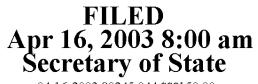
1. Entity Name WOLFORD REALTY, INC.



Principal Place of Business 7330 NW 22ND COURT BELL FL 32619

Mailing Address POST OFFICE BOX 546 **BELL FL 32619**

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State							
					Zip	Country	Zip	Country	



04-16-2003 90245 044 ***150.00



SIGNATURE _

o. Hame and Address of Carrein Hegistered Agent	7. Name and real and of the region of right		
WOLFOTO WATER TO A	Name Street Address (P.O. Box Number is Not Acceptable)		
WOLFORD, KATHLEEN A 7330 NW 22ND COURT			
BELL FL 32619			
	City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	

	Signature, typed or printed mane or registered agent and the in applic	aute. (NOTE. II	efligiting Affect affitter	and required when remaining?
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFORD, KATHLEEN A 7330 NW 22ND COURT BELL FL 32619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E034 (10/02)