


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000065744  
 1. Entity Name  
 WOLTER REALTY, INC.



Principal Place of Business      Mailing Address  
 16680 MCGREGOR BLVD.      16680 MCGREGOR BLVD.  
 FORT MYERS, FL 33908      FORT MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**



02212004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0608372      Not Applicable

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

5. Name and Address of Current Registered Agent  
 WOLTER, GARY R  
 16680 MCGREGOR BLVD.  
 FORT MYERS, FL 33908

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WOLTER, GARY R
STREET ADDRESS	16680 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VD
NAME	WOLTER, KATHLEEN M
STREET ADDRESS	16680 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000087737  
 03/15/04 80024 002 150.00

12. 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: GARY WOLTER      2/23/04      239-454-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #