

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90078 001 \*\*\*150.00

<b>DOCUMENT # P95000094829</b> 1. Entity Name <b>WOLFF DESIGN BUILD, INC.</b>			
Principal Place of Business <b>INTERSTATE CORPORATE CENTER 367 INTERSTATE BLVD SARASOTA, FL 34240</b>		Mailing Address <b>INTERSTATE CORPORATE CENTER 367 INTERSTATE BLVD SARASOTA, FL 34240</b>	
2. Principal Place of Business - No P.O. Box # <b>4837 Swift Road</b> Suite, Apt. #, etc. <b>212</b>		3. Mailing Address <b>4837 Swift Road</b> Suite, Apt. #, etc. <b>212</b>	
City & State <b>Sarasota, FL</b> Zip <b>34231</b>		City & State <b>Sarasota FL</b> Zip <b>34231</b>	
4. FEI Number <b>65-0629485</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DESJARLAIS, MARY L 7029A SOUTH TAMiami TRAIL PINE PARK CENTER SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFF, THEODORE C JR 3410 46TH TERRACE EAST BRADENTON, FL 34202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BENNETT, RUSSELL 7033 13TH STREET EAST SARASOTA, FL 34243</b> <input type="checkbox"/> Delete	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
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <span><b>1-26-07</b></span> <span><b>94923-9922</b></span> </div> <small>Date Daytime Phone #</small>	

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