

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90127 009 ***550.00

DOCUMENT # P96000007319

1. Entity Name

WOLFE PACKAGING, INC.



Principal Place of Business

4910 WEST KNOLLWOOD STREET
TAMPA FL 33634
US

Mailing Address

4910 WEST KNOLLWOOD STREET
TAMPA FL 33614

2. Principal Place of Business

6121 Jet Port Ind Blvd
Suite, Apt. #, etc.

3. Mailing Address

6121 Jet Port Industrial Blvd
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number
59-3355044

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BENEDICT, GLORIA
4910 W KNOLLWOOD STREET
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6121 Jet Port Industrial Blvd

City Tampa

FL

Zip Code 33634

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

Gloria Benedict Gloria Benedict

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WOLFE, RICHARD A
STREET ADDRESS 4910 WEST KNOLLWOOD STREET
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ Delete
NAME BENEDICT, GLORIA J.
STREET ADDRESS 4910 WEST KNOLLWOOD STREET
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6121 Jet Port Industrial Blvd
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6121 Jet Port Industrial Blvd
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gloria Benedict Gloria Benedict

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 884-4060