2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000007319

1. Entity Name
WOLFE PACKAGING, INC.

Principal Place of Business	Mailing Address
1504 WESTERHAM LOOP TRINITY, FL 34655 US	1504 WESTERHAM LOOP TRINITY, FL 34655 US

02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

WOLFE, RICHARD
1504 WESTERHAM LOOP
TRINITY, FL 34655

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable. (Florida Registered agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000838696
03/05/08-80040-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOLFE, RICHARD A
STREET ADDRESS	1504 WESTERHAM LOOP
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	STD
NAME	BENEDICT, GLORIA J
STREET ADDRESS	1504 WESTERHAM LOOP
CITY ST ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

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.

SIGNATURE: Gloria Benedict Gloria Benedict STD 2-21-08 727-543-6858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #