


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000019451
 1. Entity Name
 WOLBERT TRADING, INC.



Principal Place of Business
 501 LILLIAN DRIVE
 MADEIRA BEACH, FL 33708

Mailing Address
 501 LILLIAN DRIVE
 MADEIRA BEACH, FL 33708



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3336300

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WOLBERT, LINDA
 501 LILLIAN DRIVE
 MADEIRA BEACH, FL 33708

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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: Linda Wolbert DATE: 1-30-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLBERT, LINDA 501 LILLIAN DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLBERT, JOHN 501 LILLIAN DRIVE MADEIRA BEACH, FL 33708
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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 empowerings.

SIGNATURE: Linda Wolbert DATE: 1/30/06 DAYTIME PHONE: 727 393 1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR