


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000019451


1. Entity Name
WOLBERT TRADING, INC.



Principal Place of Business Mailing Address

501 LILLIAN DRIVE **501 LILLIAN DRIVE**
MADERA BEACH, FL 33708 **MADERA BEACH, FL 33708**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-3336300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLBERT, LINDA
501 LILLIAN DRIVE
MADERA 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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	PO WOLBERT, LINDA 501 LILLIAN DRIVE MADERA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLBERT, JOHN 501 LILLIAN DRIVE MADERA 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 empowered.

SIGNATURE: *Linda Wolbert* **LINDA WOLBERT** 1-21-08 727 393 1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #