2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000029547

1. Entity Name
WOLF SINK HAY, INC.

Principal Place of Business	Mailing Address
4251 N.W. 160TH STREET TRENTON, FL 32693	4251 N.W. 160TH STREET TRENTON, FL 32693

DO NOT WRITE IN THIS SPACE

02282008   No Chg-P   CR2E034 (11/05)

4. FEI Number   Applied For
59-3380161   Not Applicable

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

6. Name and Address of Current Registered Agent

PEDERSEN, TIMOTHY W
4251 N.W. 160TH STREET
TRENTON, FL 32693

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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 reinstating)

03/25/08-80034-009 150.00

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

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PEDERSON, TIMOTHY
STREET ADDRESS	4251 NW 160TH ST
CITY-ST-ZIP	TRENTON, FL
TITLE	V
NAME	PEDERSON, CODY A
STREET ADDRESS	4251 NW 160TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	T/S
NAME	PEDERSEN, LINDA
STREET ADDRESS	4251 NW 160TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
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: _Linda A Pedersen_   3-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #