

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 035 ***150.00

DOCUMENT # P96000039022

1. Entity Name
BRIAN D. WOLFE ARCHITECT, INC.



Principal Place of Business
**15438 N. FLORIDA AVENUE
SUITE 140
TAMPA, FL 33613 US**

Mailing Address
**5005 PICKETT COURT
TAMPA, FL 33624**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, BRIAN D
5005 PICKETT COURT
TAMPA, FL 33624**

**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 _____
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WOLFE, BRIAN D**
STREET ADDRESS **3922 PREMIER NORTH DRIVE 5005 Pickett Ct**
CITY-ST-ZIP **TAMPA, FL 33624 Tampa, FL 33624**

TITLE **V P**
NAME **WOLFE, Judy L**
STREET ADDRESS **5005 PICKETT CT**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/08 (813) 264 1300