

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000052869

1. Entity Name
WOLVERINE II, INC.



Principal Place of Business
**11941 FAIRWAY LAKES DR
FT MYERS, FL 33913**

Mailing Address
**11941 FAIRWAY LAKES DR
FORT MYERS, FL 33913 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0683583** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIMP, STEVEN C
11941 FAIRWAY LAKES DRIVE
FORT MYERS, FL 33913**

**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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **MOORE, JAMES W.**
STREET ADDRESS **1617 HENDRY ST STE 301**
CITY - ST - ZIP **FORT MYERS, FL 33901**

TITLE **VS**
NAME **SHIMP, STEVEN C**
STREET ADDRESS **11941 FAIRWAY LAKES DRIVE**
CITY - ST - ZIP **FORT MYERS, FL**

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IN THIS SPACE**

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01/20/04-80060-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **STEVEN C. SHIMP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04 239 561 4141
Date Daytime Phone #