2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # P96000083554 WOLFGANG ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 803 E. BRANDON BLVD. 2110 LAINDALE PLACE BRANDON, FL 33511 US VALRICO, FL 33594 US 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3414548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHAUB, JOHN A. DO NOT WRITE 2110 LAINDALE PLACE VALRICO, FL 33594 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITEE NAME SCHAUB, KENNETH A 5205 PLESS ROAD STREET ADDRESS PLANT CITY, FL 33565 CITY-ST-ZIP U00000107541 04/03/04-80019-807 150.00 VTSD TITLE NAME SCHAUB, JOHN A STREET ADDRESS 2110 LAINDALE PLACE CITY-ST-7IP VALRICO, FL 33594 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THTLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR