


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000083554  
1. Entity Name  
WOLFGANG ENTERPRISES, INCORPORATED



Principal Place of Business      Mailing Address  
803 E. BRANDON BLVD.      2110 LAINDALE PLACE  
BRANDON, FL 33511 US      VALRICO, FL 33594 US

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3414548      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent  
  
SCHAUB, JOHN A.  
2110 LAINDALE PLACE  
VALRICO, FL 33594

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHAUB, KENNETH A
STREET ADDRESS	5205 PLESS ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	VTSD
NAME	SCHAUB, JOHN A
STREET ADDRESS	2110 LAINDALE PLACE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U990003278304  
03/28/05-80020-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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.

SIGNATURE: John A. Schaub - JOHN A. SCHAUB      3-25-05      813-685-6397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #