2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083554

1. Entity Name

WOLFGANG ENTERPRISES, INCORPORATED



FILED Apr 14, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

803 E. BRANDON BLVD. BRANDON, FL 33511 US 2110 LAINDALE PLACE VALRICO, FL 33594 US



DO NOT WRITE IN THIS	SPA	CE
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3414548

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAUB, JOHN A. 2110 LAINDALE PLACE VALRIÇO, FL 33594

DO NOT WRITE IN THIS SPACE

					4111	me t		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Flori	da. I am familia	r with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered	d Agent signature	required when reinstating)	· · _ · _ ·	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUB, KENNETH A 5205 PLESS ROAD PLANT CITY, FL 33565				1100:00051	012ù		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SCHAUB, JOHN A 2110 LAINDALE PLACE VALRICO, FL 33594	· · · · · · · · · · · · · · · · · · ·			1/00:00510120 04/28/06 80072-006 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE		
TITLE NAME								

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:

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

WHALL JOHN A. SCHAUR

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

817-685-6397

Dale

Daytime Phone #