


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90196 001 ***150.00

DOCUMENT # P96000083554 1. Entity Name WOLFGANG ENTERPRISES, INCORPORATED	
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Principal Place of Business 803 E. BRANDON BLVD. BRANDON, FL 33511 US	Mailing Address 2110 LAINDALE PLACE VALRICO, FL 33594 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHAUB, JOHN A.
2110 LAINDALE PLACE
VALRICO, FL 33594**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHAUB, KENNETH A 5205 PLESS ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD SCHAUB, JOHN A 2110 LAINDALE PLACE VALRICO, FL 33594
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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: JOHN A. SCHAUB **APR 24, 2007** **817-685-6397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #