

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000027841

1. Entity Name
WOLF ISLAND, INC.



Principal Place of Business
**3065 HWY 29 N
IMMOKALEE, FL 34142**

Mailing Address
**3065 STATE RD. 29 N
IMMOKALEE, FL 34142 US**



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3439818

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARFIELD, JAMES E
3065 HWY 29 N
IMMOKALEE, FL 34142**

**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 reelecting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARFIELD, JAMES E
STREET ADDRESS 3065 HWY 29 N
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE VD
NAME BARFIELD, JAMES F
STREET ADDRESS 3065 HWY 29 N
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE STD
NAME BARFIELD, THOMAS W
STREET ADDRESS 3065 HWY 29 N
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE D
NAME BARFIELD, ALICE E
STREET ADDRESS 3065 HWY 29 N
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE D
NAME BARFIELD, MARY A
STREET ADDRESS 3065 HWY 29 N
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000161307
05/24/04-80003-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary A. Barfield **MARY A. Barfield**

Date

5/19/04 239

Daytime Phone #

657-2456