## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## SECRETARY OF STATE **DOCUMENT # P98000011657** DIVISION OF CORPORATIONS 1. Entity Name WOLVERINE SUBPOENA & SECRETARIAL SERVICE, 04 APR 16 AM 8: 00 INC. Mailing Address Principal Place of Business 17485 DUOUESNE RD 17485 DUQUESNE RD FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04062004 Chq-P City & State City & State 4. FEI Number Applied For 65-0809511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BETH I. HEYBOER HEYBOER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 17485 DUQUESNE RD 17485 DUQUESNE RD. FORT MYERS, FL 33912 CITY FORT MYERS Zip Code 33912 8. The above named entity submits this statement of 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 appti (NOTE: Registered Agent signatu 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 2000339935\$\$\frac{1}{2}\text{04-01011--012} \*\*61. TITLE Delete TITLE HEYBOER, NORMAN NAME NAME 17485 DUQUESNE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 DISIT TITLE TITLE Change Change Addition Delete NAME HEYBOER, BETH I NAME Beth I'. Heyboer 17485 Duquesne Rd. STREET ADDRESS 17485 DUQULESNE RD STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 TITLE ☐ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED