


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 002 ***150.00

DOCUMENT # P98000011657 1. Entity Name WOLVERINE SUBPOENA & SECRETARIAL SERVICE, INC.					
Principal Place of Business 17485 DUQUESNE RD FORT MYERS, FL 33967			Mailing Address 17485 DUQUESNE RD FORT MYERS, FL 33967		
2. Principal Place of Business - No P.O. Box # 10296 Crepe Jasmine Ln.		3. Mailing Address 10296 Crepe Jasmine Ln.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 65-0809511	
Zip 33913		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33913		Country 33913		02132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HEYBOER, BETH I 17485 DUQUESNE RD FORT MYERS, FL 33967				7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 10296 Crepe Jasmine Ln. City FORT MYERS FL Zip Code 33913	
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 <u>Beth I. Heyboer</u> Beth I. Heyboer 02/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEYBOER, BETH I 17485 DUQUESNE RD 10296 Crepe Jasmine Ln. FORT MYERS, FL 33967 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Beth I. Heyboer</u> Beth I. Heyboer			2/20/08 239-267-2061 <small>Date Daytime Phone #</small>		