

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000020078

1. Entity Name

WOLFE GROUP ENTERPRISES, INC.



Principal Place of Business

1021 NE PINE ISLAND LANE
CAPE CORAL, FL 33909

Mailing Address

P.O. BOX 4180
FORT MYERS, FL 33918

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

Number	Applied For
65-0722561	Not Applicable
icate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIZZIRE, ROBERT
1021 NE PINE ISLAND LANE
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

or both, in the State of Florida. I am familiar with, and accept

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of the State of Florida.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Finance Trust Fund Contribution.

3e In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIZZIRE, ROBERT
STREET ADDRESS	P.O. BOX 4180
CITY-ST-ZIP	FORT MYERS, FL 33918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/08-80005-010 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/08 239-770-7889