

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90119 025 ***558.75

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1. Entity Name
LONEWOLF CONSULTING & DEVELOPMENT, INC.



Principal Place of Business
**4508 OAK FAIR BLVD
STE 100
TAMPA, FL 33610 US**

Mailing Address
**4508 OAK FAIR BLVD
STE 100
TAMPA, FL 33610 US**

44052376



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3516772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUNCO, MANUEL
5041 CYPRESS WEST
SUITE 100
TAMPA, FL 33607**

Name **Mac Carroll**

Street Address (P.O. Box Number is Not Acceptable)

4508 Oak Fair Boulevard - Suite 100

City **Tampa**

FL

Zip Code **33610**

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 **Mac Carroll**

Mac Carroll

9/1/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **CARROLL, MAC**
STREET ADDRESS **4508 OAK FAIR BLVD., STE 100**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 *Mac Carroll, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #