


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000059672	
1. Entity Name SPENCER WOLF CORP.	

Principal Place of Business 421 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786	Mailing Address 421 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRUG, STEWART L 1545 S BELCHER RD CLEARWATER, FL 33764	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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

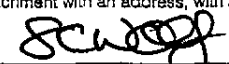
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOLF, SPENCER 421 BELLE ISLE AVE. BELLEAIR BEACH, FL 33786
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02/15/05-80052-024 150.00

**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:  SPENCER WOLF 9th February 2005 727 593 7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #