2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068655

City-St-Zip:

FILED May 05, 2008 Secretary of State

Entity Name: DAN WOLFE MASONRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 29420 PINE VILLA CIRCLE 30320 HOLLY ROAD PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** P.O. BOX 510175 PUNTA GORDA, FL 339510175 US FEI Number: 65-0858056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLFE, DANIEL R 29420 PÎNE VILLA CIRCLE PUNTA GORDA, FL 33982 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WOLFE, DAN R Name: Name: 29420 PINE VILLA CIRCLE Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: () Delete Title: **VDST** Title: **VDST** (X) Change () Addition Name: WOLFE, HEIDI M Name: WOLFE, HEIDI M 29420 PINE VILLA CIRCLE Address: 30320 HOLLY ROAD Address: PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: HEIDI M. WOLFE 05/05/2008