


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
Sep 06, 2005 08:00 AM  
Secretary of State

**DOCUMENT # P98000104010**  
1. Entity Name  
WOLF CREEK LAND DEVELOPMENT, INC.



Principal Place of Business      Mailing Address  
1700 13TH ST                              1700 13TH ST  
STE 1    STE 1  
SAINT CLOUD, FL 34769    US              SAINT CLOUD, FL 34769    US

**DO NOT WRITE IN THIS SPACE**



06302005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>54-3547584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CARPENTER, JEFFERY  
1700 13TH ST  
STE 1  
SAINT CLOUD, FL 34769

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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  
Due by September 7, 2005**

**9.** Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS CARPENTER, JEFFERY J 2540 OLD HICOTY TREE RD. ST. CLUOD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, ROBERT E II 6008 E IRLD BRONSON SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS CARPENTER, ELIZABETH A 2540 OLD HICKORY TREE RD. SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/07/05-80006-011 150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** \_\_\_\_\_      Date: 9/6/05      Daytime Phone #: 407.957-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR