

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 015 ***150.00

DOCUMENT # S02975

1. Entity Name
WOLFE PLUMBING, INC.



Principal Place of Business Mailing Address
~~1089 NW CR 138~~ ~~1089 NW CR 138~~
~~BRANFORD, FL 32008~~ ~~BRANFORD, FL 32008~~
11430 NW 15 AVE **FL 32008** **Same**

94058336



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
65-0224898 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

~~WOLFE, SCOTT~~
~~1089 NW CR 138~~
~~BRANFORD, FL 32008~~
11430 NW 15 AVE
BRANFORD FL 32008

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WOLFE, SCOTT**
STREET ADDRESS ~~1089 NW CR 138~~ **11430 NW 15 AVE**
CITY-ST-ZIP ~~BRANFORD, FL 32008~~ **BRANFORD FL 32008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME ~~WOLFE, VIRGINIA~~
STREET ADDRESS ~~1089 NW CR 138~~
CITY-ST-ZIP ~~BRANFORD, FL 32008~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SCOTT WOLFE Pres.** 4-19-04 386935-0616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #