## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S02975

City-St-Zip:

Entity Name: WOLFE PLUMBING, INC.

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11430 NW 15 AVE. BRANFORD, FL 32008 **Current Mailing Address: New Mailing Address:** 11430 NW 15 AVE BRANFORD, FL 32008 FEI Number: 65-0224898 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, SCOTT 11430 NW 15 AVE BRANFORD, FL 32008 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, SCOTT Name: Name: 11430 NW 15 AVE. Address: Address: City-St-Zip: BRANFORD, FL 32008 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOLFE, REBECCA Name: 11430 NORTHWEST 15 AVENUE Address: Address: BRANFORD, FL 32008 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete Name: WOLFE, MELANIE Name: 11430 NW 15TH AVENUE Address: Address:

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.

City-St-Zip:

BRANFORD, FL 32008

SIGNATURE: SCOTT WOLFE P 04/17/2009