

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # S59870

1. Entity Name
WOLIN INDUSTRIAL SALES, INC.



Principal Place of Business
3262 S.E. CANBY RD.
PT. ST. LUCIE, FL 34952 US

Mailing Address
3262 SE CANBY RD
PORT ST LUCIE, FL 34952 US



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3070638 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLIN, MICHAEL
3262 SE CANBY RD
PORT ST LUCIE, FL 34952

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOLIN, MICHAEL
STREET ADDRESS 3262 SE CANBY RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE T
NAME BARBARA WOLIN
STREET ADDRESS 3262 SE CANBY RD.
CITY-ST-ZIP PT. ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

1100000613967
02/06/07-80006-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 title empowered.

SIGNATURE: MICHAEL WOLIN 1-25-07 772-335-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #