

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000062996

**Entity Name:** WOLFORD REALTY, INC.

**Current Principal Place of Business:**

4700 SW ARCHER ROAD  
APT #W160  
GAINESVILLE, FL 32608

**Current Mailing Address:**

POST OFFICE BOX 141747  
GAINESVILLE, FL 32614-1474 US

**FEI Number:** 59-3351011

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOLFORD, RICHARD W  
4700 SW ARCHER RD.  
APT #W160  
GAINESVILLE, FL 32608 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

**Officer/Director Detail :**

Title PD  
Name WOLFORD, KATHLEEN A  
Address P.O. BOX 141747  
City-State-Zip: GAINESVILLE FL 32614-1747

I hereby 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 all other like empowered.

**SIGNATURE:** KATHLEEN A WOLFORD

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date