


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 307055
 1. Entity Name
MEDENWALD INCORPORATED



Principal Place of Business Mailing Address
 2331-1 BRUNER LN 2331-1 BRUNER LN
 FT MYERS, FL 33912 FT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1145451 Not Applicable

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

6. Name and Address of Current Registered Agent

VOTAW, ROBERT W.
 2331-1 BRUNER LN
 FORT MYERS, FL 33912

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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 registering) _____ 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	STD
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DRIVE
CITY-ST-ZIP	FORT MYERS, FL
TITLE	V
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DRIVE
CITY-ST-ZIP	FORT MYERS, FL
TITLE	PD
NAME	MEDENWALD, GARY
STREET ADDRESS	151 S.W. 51ST ST.
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	V
NAME	VOTAW, ROBERT W, JR
STREET ADDRESS	1240 WALES DR
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered

SIGNATURE: R. W. Votaw R. W. VOTAW 1-8-07 239 481-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #