


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 673023**  
 1. Entity Name  
**VOLLMER ENTERPRISES, INC.**



Principal Place of Business 6634 WILLOW LAKE CR FT. MYERS, FL 33966-1258	Mailing Address 6634 WILLOW LAKE CR FT. MYERS, FL 33966-1258
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2001823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VOLLMER, WILLIAM A.  
 6634 WILLOW LAKE CR  
 FT. MYERS, FL 33966

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000784523  
 01/16/08-80058-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLLMER, WILLIAM A. 6634 WILLOW LAKE CR FT. MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLMER, LINDA L. 6634 WILLOW LAKE CR FT. MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

SIGNATURE: William A. Vollmer William A. Vollmer 1-10-08 289/478-0969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #