2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90026 048 ***150.00

DOCUMENT # L41462

1. Entity Name

WENK AVIATION & MARINE INSURANCE, INC.

Principal Place of Business

413 N. COUNTRY CLUB DRIVE
ATLANTIS FL 33462
US

Mailing Address

413 N COUNTRY CLUB DR
ATLANTIS FL 33462
US

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0238231 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SMODISH, MICHAEL
555 N CONGRESS AVE
STE 301
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

CLAYTON RAUTBORD
Street Address (P.O. Box Number is Not Acceptable)
413 NORTH COUNTRY CLUB DRIVE
ATLANTIS, FLORIDA 33462
City ATLANTIS FL Zip Code 33462

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] DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VICTORIA RAUTBORD		NAME	
STREET ADDRESS	413 N COUNTRY CLUB DR		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAUTBORD, CLAYTON		NAME	
STREET ADDRESS	413 N COUNTRY CLUB DR		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WENK, CHARLES W.		NAME	
STREET ADDRESS	413 N COUNTRY CLUB DR		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #