

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 213068

1. Entity Name  
MERCER WENZEL, INC.



Principal Place of Business  
401 E. ATLANTIC AVENUE  
DELRAY BEACH, FL 33483

Mailing Address  
401 -403 E. ATLANTIC AVENUE  
DELRAY BEACH, FL 33483

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0838726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WENZEL, BRUCE B  
401 E. ATLANTIC AVENUE  
DELRAY BEACH, FL 33444

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
WENZEL, BRUCE B  
401 E. ATLANTIC AVENUE  
DELRAY BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
WENZEL, CHRISTINE A  
401 E ATLANTIC AVE  
DELRAY BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ADAMS, JOHN ROSS  
355 NE 5TH AVENUE  
DELRAY BEACH, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine A Wenzel

4-23-08

Date

561-278-2885

Daytime Phone #