


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 307055	
1. Entity Name MEDENWALD INCORPORATED	

Principal Place of Business 2331-1 BRUNER LN FT MYERS, FL 33912	Mailing Address 2331-1 BRUNER LN FT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1145451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VOTAW, ROBERT W. 2331-1 BRUNER LN FORT MYERS, FL 33912	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VOTAW, ROBERT W, JR 1240 WALES DRIVE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VOTAW, ROBERT W, JR 1240 WALES DRIVE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEDENWALD, GARY 151 S.W. 51ST ST. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VOTAW, ROBERT W, JR 1240 WALES DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/15/04-80053-008 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	3-11-04	239 481-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #