


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 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**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **59-1145451** Applied For 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		
TITLE	STD	<input type="checkbox"/> Delete
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	OFF	<input type="checkbox"/> Delete
NAME	MEDENWALD, GARY	
STREET ADDRESS	151 S.W. 51ST ST.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, Jr. Date: 1-30-06 Daytime Phone #: 239481-0230