


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90099 038 \*\*\*150.00

**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

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country

01042008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent  
 VOTAW, ROBERT W.  
 2331-1 BRUNER LN  
 FORT MYERS, FL 33912

4. FEI Number: 59-1145451  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME	STD VOTAW, ROBERT W, JR	<input type="checkbox"/> Delete
STREET ADDRESS	1240 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS, FL	
TITLE NAME	V VOTAW, ROBERT W, JR	<input type="checkbox"/> Delete
STREET ADDRESS	1240 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS, FL	
TITLE NAME	PD MEDENWALD, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	151 S.W. 51ST ST.	
CITY-ST-ZIP	CAPE CORAL, FL	
TITLE NAME	V VOTAW, ROBERT W, JR	<input type="checkbox"/> Delete
STREET ADDRESS	1240 WALES DR	
CITY-ST-ZIP	FT MYERS, FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15171 Intracoastal Ct.	
CITY-ST-ZIP	Ft. Myers, Fl 33908	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: R. W. Votaw R. W. VOTAW 1-9-08 2394F10230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #