

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90042 047 ***150.00

DOCUMENT # 602238

1. Entity Name

WENDEL & CHRITTON, CHARTERED



Principal Place of Business

Mailing Address

5300 SOUTH FLORIDA AVENUE
LAKELAND FL 32813
US

PO BOX 5378
LAKELAND FL 33807-5378
US

2. Principal Place of Business

3. Mailing Address

225 E Lemon St
Suite, Apt. #, etc. 351
City & State Lakeland, Fla
Zip 33806 Country USA

P.O. Box 2808
Suite, Apt. #, etc. Lakeland, Fla
City & State Lakeland, Fla
Zip 33806 Country USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1297129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENDEL, JOHN F.
5300 S. FLORIDA AVENUE
LAKELAND FL 32813

Name 225 E Lemon St
Street Address (P.O. Box Number is Not Acceptable)
201 E 351
City Lakeland, Fla FL Zip 33806

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

John F. Wendel
Signature, typed or printed name of registered agent and title if applicable

JOHN F. WENDEL

2/2/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 11

TITLE PD ☐ Delete
NAME WENDEL, JOHN F
STREET ADDRESS 5300 SOUTH FL AVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VTD~~ ☐ Delete
NAME CHRITTON, CHARLES P.
STREET ADDRESS 5300 SOUTH FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE ~~VSTD~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles P. Chritton CHARLES P. CHRITTON (D) 2/2/05 863-603-7730