

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 602238**

1. Entity Name  
**WENDEL & CHRITTON, CHARTERED**



Principal Place of Business  
**225 E. LEMON ST  
351  
LAKELAND, FL 33806 US**

Mailing Address  
**PO BOX 2808  
LAKELAND, FL 33806 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**WENDEL, JOHN F  
225 E. LEMON ST  
LAKELAND, FL 33806**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WENDEL, JOHN F
STREET ADDRESS	5300 SOUTH FL AVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VSTD
NAME	CHRITTON, CHARLES P.
STREET ADDRESS	5300 SOUTH FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000579482  
01/10/07-80008-017 150.00

**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:

*Charles P. Chritton* **CHARLES P. CHRITTON**

Date

Daytime Phone #