
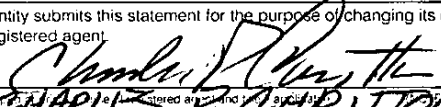
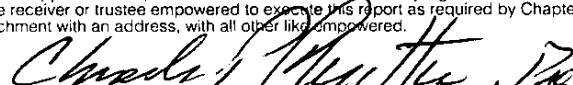


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 3237 CLEVELAND Hgts BLVD				3. Mailing Address Suite, Apt. #, etc.	
City & State LAKELAND, FL				City & State	
Zip 33803		Country USA		4. FEI Number 59-1297129	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WENDEL, JOHN F 225 E. LEMON ST LAKELAND, FL 33806				7. Name and Address of New Registered Agent Name CHARLES P. CHRITTON Street Address (P.O. Box Number is Not Acceptable) 3237 CLEVELAND HEIGHTS BLVD. City LAKELAND FL Zip Code 33803	
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: 9-02-08 <small>Signature, if not the registered agent, and if not a director, the registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENDEL, JOHN F 5300 SOUTH FL AVE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHARLES P. CHRITTON 3237 CLEVELAND HEIGHTS BLVD. LAKELAND, FLORIDA 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHRITTON, CHARLES P. 5300 SOUTH FLORIDA AVE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700135370667 09/04/08--01034--003 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CHARLES P. CHRITTON			Date: 9-02-08 Daytime Phone #: 863-619-3744		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022008 Chg-P CR2E034 (12/06)