

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90031 020 \*\*\*150.00

**DOCUMENT # F57892**  
 1. Entity Name  
**MENZER PROPERTIES, INC.**



Principal Place of Business: 8260 PACAL DR, PO BOX 512138, PUNTA GORDA, FL 33951-2138 US  
 Mailing Address: 8260 PASCAL DR, PO BOX 512138, PUNTA GORDA, FL 33951-2138 US

**50059182**



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

07252005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2149196  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MENZER, HANS**  
**8260 PASCAL DR**  
**PUNTA GORDA, FL 33950**

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 reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution:  \$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

TITLE: PD	NAME: MENZER, HANS	<input type="checkbox"/> Delete
STREET ADDRESS: 8260 PASCAL DR PO BOX 512138	CITY-ST-ZIP: PUNTA GORDA, FL	
TITLE: ST	NAME: MENZER, NATALIA	<input type="checkbox"/> Delete
STREET ADDRESS: 8260 PASCAL DR	CITY-ST-ZIP: PUNTA GORDA, FL	
TITLE: VP	NAME: MENZER, HANS G III	<input type="checkbox"/> Delete
STREET ADDRESS: 8260 PASCAL DR PO BOX 512138	CITY-ST-ZIP: PUNTA GORDA, FL 33951	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
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 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 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: Hans G Menzer III Date: 7-28-05 Daytime Phone #: \_\_\_\_\_

*Hans G Menzer III*