


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90017 011 ***150.00

DOCUMENT # F57892

1. Entity Name
MENZER PROPERTIES, INC.



Principal Place of Business Mailing Address

8260 PACAL DR 8260 PASCAL DR
 PO BOX 512138 PO BOX 512138
 PUNTA GORDA FL 33951-2138 PUNTA GORDA FL 33951-2138
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

200 HARBOR WALK DR. Suite, Apt. #, etc.

SUITE # 122 Suite, Apt. #, etc.

City & State City & State

PUNTA GORDA, FL City & State

Zip Country Zip Country

33950 **U.S.A.** Zip Country

4. FEI Number Applied For

59-2149196 Not Applicable

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

 \$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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENZER, HANS	
STREET ADDRESS	8260 PASCAL DR PO BOX 512138	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MENZER, NATALIA	
STREET ADDRESS	8260 PASCAL DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MENZER, HANS G III	
STREET ADDRESS	8260 PASCAL DR PO BOX 512138	
CITY - ST - ZIP	PUNTA GORDA FL 33951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Natalia Menzer ST. 2/26/07 941-505-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #