

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F59687 1. Entity Name THE BLUMENAUER CORPORATION	
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Principal Place of Business % WESLEY C BLUMENAUER 2708 REW CIRCLE OCOE, FL 34761	Mailing Address % WESLEY C BLUMENAUER 2708 REW CIRCLE OCOE, FL 34761
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2149604	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLUMENAUER, WESLEY C. 15744 TOWER VIEW DR CLERMONT, FL 34711

**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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	18380007462953 03/21/06-80056-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLUMENAUER, WESLEY C. 15744 TOWER VIEW DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLUMENAUER, ROY C 2708 REW CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLUMENAUER, VIRGINIA L 2708 REW CIRCLE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BLUMENAUER, VICKIE 2708 REW CIR. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/8/06	Daytime Phone # _____
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