


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K86789
 1. Entity Name
WIEBEL, HENNELLS & CARUFE, P.A.



Principal Place of Business 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 US	Mailing Address 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0116709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WIEBEL, DOUGLAS E
 9240 BONITA BEACH RD
 STE 3305
 BONITA SPRINGS, FL 34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIEBEL, DOUGLAS E 9240 BONITA BEACH RD STE 3305 BONITA SPGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENNELLS, SCOTT D 9240 BONITA BEACH RD STE 3305 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARUFE, NELIDA 9240 BONITA BCH RD STE 3305 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000013083
 01/26/04-80039-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas E. Wiebel* **Douglas E. Wiebel** 1/23/04 239-992-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #