


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # K96881  
1. Entity Name  
ALAN WITTENAUER, INC.



Principal Place of Business 4613 LONG KEY ST NAPLES, FL 34112 US	Mailing Address 4613 LONG KEY CT NAPLES, FL 34112 US
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04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0128624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required*

5. Name and Address of Current Registered Agent  
  
WITTENAUER, ALAN  
4613 LONG KEY CT  
NAPLES, FL 34112

**DO NOT WRITE IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM WITTENAUER, ALAN 4613 LONG KEY CT NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOMIAK, KAREN J. 4613 LONG KEY CT NAPLES, FL 34112
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U00000529392  
05/05/06-80075-004 150.00

**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: Karen J. Homiak, KAREN J. HOMIAK 4/19/06 (239)-774-4269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #