

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 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**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0128624</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**WITTENAUER, ALAN  
4613 LONG KEY CT  
NAPLES, FL 34112**

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PM</b>	<b>WITTENAUER, ALAN</b>
NAME	
STREET ADDRESS	<b>4613 LONG KEY CT</b>
CITY-ST-ZIP	<b>NAPLES, FL 34112</b>

TITLE <b>TSD</b>	<b>HOMIAK, KAREN J.</b>
NAME	
STREET ADDRESS	<b>4613 LONG KEY CT</b>
CITY-ST-ZIP	<b>NAPLES, FL 34112</b>

TITLE	
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CITY-ST-ZIP	

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05/14/08-80052-023 150.00

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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 4/17/08 239-774-4264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #