


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N04000008530	
<b>1. Entity Name</b> LAKE WALES MURALS & ENHANCEMENT, INC.	

<b>Principal Place of Business</b> 101 EAST PARK AVENUE LAKE WALES FL 33853	<b>Mailing Address</b> POST OFFICE BOX 481 LAKE WALES FL 33859-0481
---	---



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 20-1608172	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  TONJES, CLIFFORD L 1001 CAMPBELL AVENUE LAKE WALES FL 33853
---

<b>7. Name and Address of New Registered Agent</b>	
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.**

*CLIFFORD L. TONJES, PRES.*  
SIGNATURE *Clifford L. Tonjes* DATE *4/25/06*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	TONJES, CLIFFORD L
STREET ADDRESS	1001 CAMPBELL AVENUE
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	SD <input type="checkbox"/> Delete
NAME	SULLINS, KIMBERLY
STREET ADDRESS	819 BRENTWOOD DRIVE
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	TD <input type="checkbox"/> Delete
NAME	FRIEDLANDER, CATHY
STREET ADDRESS	3401 FRIEDLANDER ROAD
CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	D <input type="checkbox"/> Delete
NAME	HULL, CAROLYN
STREET ADDRESS	1119 NORTH LAKESHORE BOULEVARD
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	VD <input type="checkbox"/> Delete
NAME	BENEDICT, GERALD
STREET ADDRESS	455 SOUTH 4TH STREET
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	PARTHENAIS, BUNNY
STREET ADDRESS	2300 NORTH SCENIC HWY #90
CITY-ST-ZIP	LAKE WALES FL 33898

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 617, 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:** *Clifford L. Tonjes Pres* *4/25/06* *863-676-7278*

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