

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P08000047501

1. Entity Name
MENKE INVESTMENTS, INC.



Principal Place of Business
13300-53 S CLEVELAND AVENUE
FT MYERS, FL 33907 US

Mailing Address
13300-53 S CLEVELAND AVENUE
FT MYERS, FL 33907 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENKE, WILLIAM L
13300-53 S. CLEVELAND AVE.
FORT MYERS, FL 33919

**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, 2004 Fee will be \$550.00

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

U000000039883
03/31/04-80023-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MENKE, WILLIAM L JR
13300 S. CLEVELAND AVE
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
MCDONALD, JODI A
13300 S. CLEVELAND AVE
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
MENKE, WILLIAM C
13300 S. CLEVELAND AVE
FT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM L MENKE 1/26/04 (239) 481-3350