


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000010725

1. Entity Name
WENZEL & FENTON, P.A.



Principal Place of Business 633 N. FRANKLIN ST SUITE 500 TAMPA, FL 33602	Mailing Address 633 N. FRANKLIN ST. SUITE 500 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3696215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WENZEL, STEVEN G
 633 N. FRANKLIN ST.
 SUITE 500
 TAMPA, FL 33602**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and (ife) 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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, MATTHEW K 633 N. FRANKLIN ST., SUITE 500 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZEL, STEVEN G 633 N. FRANKLIN ST., SUITE 500 TAMPA, FL 33602
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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: S.G. Wenzel **S.G. Wenzel** **2-21-06** **813 224-0431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if