2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90024 020 ***150.00

DOCUMENT # P03000148907

1. Entity Name
WILLIAM R. FENZAU ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13111 SARA ANNA CT DOVER, FL 33527	~~C/O TEMPLE H. DRUMMOND, ESQ.~~ ~~6325 JACQUELINE ARBOR DR~~ ~~TEMPLE TERR, FL 33617~~

01242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o Temple H. Drummond, Esq.
Suite, Apt. #, etc	Suite, Apt #, etc 6987 East Fowler Avenue
City & State	City & State Tampa, Florida
Zip / Country	Zip 33617 / Country USA

4. FEI Number: 20-0481522 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DRUMMOND, TEMPLE H ESQ.~~ ~~C/O DRUMMOND WEHLE & ROSS, LLP~~ ~~320 WEST BEARSS AVENUE~~ ~~TAMPA, FL 33613~~	Name: Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable): Drummond Wehle & Ross LLP 6987 East Fowler Avenue City: Tampa FL Zip Code 33617

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: Temple H. Drummond Temple H. Drummond, Esq.
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENZAU, WILLIAM R 13111 SARA ANNA CT DOVER, FL 33527	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4-15-08 8134174537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #