

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000150041**

1. Entity Name  
**WETZEL INVESTMENTS, INC.**



Principal Place of Business

**101 EAST HIGHWAY 50  
CLERMONT, FL 34711**

Mailing Address

**101 EAST HIGHWAY 50  
CLERMONT, FL 34711**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0617074**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WETZEL, JOHN C JR.  
101 EAST HIGHWAY 50  
CLERMONT, FL 34711**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity certifies 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 of officer or director or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000592926  
01/22/07-80011-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WETZEL, JOHN C JR.  
15620 ARABIAN WAY  
MONTVERDE, FL 34756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WETZEL, VICKIE E  
15620 ARABIAN WAY  
MONTVERDE, FL 34756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WETZEL, JOHN C III  
15620 ARABIAN WAY  
MONTVERDE, FL 34756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WETZEL, CHRISTOPHER J  
15620 ARABIAN WAY  
MONTVERDE, FL 34756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/07 352 394 2075