


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90031 004 \*\*\*158.75

<b>DOCUMENT # P05000021277</b> 1. Entity Name <b>WENZEL INC.</b>					
Principal Place of Business <b>10402 SHERROUSE ROAD LAKELAND, FL 33810</b>			Mailing Address <b>10402 SHERROUSE ROAD LAKELAND, FL 33810</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-2312983</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOORE, LISA D 10402 SHERROUSE ROAD LAKELAND, FL 33810</b>			7. Name and Address of New Registered Agent Name <b>Wenzel, Lisa D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10402 Sherrouse Rd.</b> City <b>Lakeland, FL</b> Zip Code <b>33810</b>		
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: <i>Lisa D. Wenzel</i> <small>Signature, typed or printed name of registered agent and officer, applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WENZEL III, HAROLD J</b> <b>10402 SHERROUSE ROAD</b> <b>LAKELAND, FL 33810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Trustee for Wenzel Family</b> <b>Lisa P. Wenzel Trust</b> <b>10402 Sherrouse Rd. Lakeland, FL 33810</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MOORE, LISA D</b> <b>10402 SHERROUSE ROAD</b> <b>LAKELAND, FL 33810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Lisa D. Wenzel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-11-08</b> <b>863-698-2659</b> <small>Date Daytime Phone #</small>		