

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 005 ***158.75

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1. Entity Name
THE MENOPAUSE COMPANY



Principal Place of Business
1069 W. MORSE BLVD.
WINTER PARK, FL 32789-3711

Mailing Address
1069 W. MORSE BLVD.
WINTER PARK, FL 32789-3711

40096006



2. Principal Place of Business - No P.O. Box #

1069 W Morse Blvd

3. Mailing Address

1069 W Morse Blvd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

Zip

32789

Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number
30-0323510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

W. EDWARD MCLEOD, P.A.
284 PARK AVE. NORTH
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Wolfe, Richard E.
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street
Suite 3300
City
Miami FL Zip Code
33131

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 acc the obligations of registered agent.

SIGNATURE

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, 2007 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
D LINDERS, JEANETTE C. ☐ Delete
STREET ADDRESS
200 W. WELBOURNE AVE., STE. 7
CITY-ST-ZIP
WINTER PARK, FL 32789

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Linders, Jeanette C. ☒ Change ☐ Add
STREET ADDRESS
9210 Ridge Pine Trail
CITY-ST-ZIP
Orlando FL 32819

TITLE
NAME
Grant, Joanne C. ☐ Change ☒ Add
STREET ADDRESS
1243 Lake Willisara Circle
CITY-ST-ZIP
Orlando, FL 32806

TITLE
NAME
☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

407-478-1700