

FROM

(TUE) APR 24 2007 15:53/ST. 15:52/No. 6813992800 P 1

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P05000165703		
1. Entity Name JOAN WENZEL, P.A.		
Principal Place of Business 2275 IBIS ISLE ROAD PALM BEACH, FL 33480	Mailing Address 2275 IBIS ISLE ROAD PALM BEACH, FL 33480	



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-3994767Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**MESSING, JOAN WENZEL
2275 IBIS ISLE ROAD
PALM BEACH, FL 33480**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MESSING, JOAN WENZEL
STREET ADDRESS	2275 IBIS ISLE ROAD
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/11/07-80013-007 150.00**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #