


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90023 024 ***150.00

DOCUMENT # P06000033033	
1. Entity Name ED WENNING, P.A.	

Principal Place of Business 1518 SE 10TH PALCE CAPECORAL, FL 33990	Mailing Address 1518 SE 10TH PALCE CAPECORAL, FL 33990
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2. Principal Place of Business - No P.O. Box # 1110 Del Prado Blvd S	3. Mailing Address 1015 S.E. 10th Place
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33990	Zip 33990
Country LCC	Country LCC

03192007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent WENNING, EDWARD 1518 SE 10TH PALCE CAPECORAL, FL 33990	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: Edward M. Wenning DATE: 3/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENNING, EDWARD 1518 SE 10TH PALCE CAPECORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENNING, NANCY 1518 SE 10TH PALCE CAPECORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, who all other like empowered.

SIGNATURE: [Signature] DATE: 3/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR