## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000065064 1. Entity Name WIELAND REICHLE, INC.



**FILED** Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

C/O GEROLD KNAUERHASE **463 ECHO CIRLCE** MARCO ISLAND, FL 34145 Mailing Address

C/O GEROLD KNAUERHASE 463 ECHO CIRLCE MARÇO ISLAND, FL 34145



CR2E034 (11/05)

Fee Required

## DO NOT WRITE IN THIS SPACE

	•	•
4. FEI Number		Applied For
65-0612144		Not Applicable
E. Cartificate of Status Desired	 \$8.75 Additional	

No Cha-P

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent KHAUERHASE; GEROLD ---- · DO NOT WRITE **463 ECHO CIRCLE** MARCO ISLAND, FL 34145 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\_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable

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

04032007

OFFICERS AND DIRECTORS 10. TITLE NAME REICHLE, WIELAND STREET ADDRESS 606 BALD EAGLE DRIVE SUITE 500 CITY-ST-ZIP MARCO ISLAND, FL 33937 TITLE REICHLE, MARGIT NAME STREET ADDRESS 606 BALD EAGLE DRIVE SUITE 500 CITY-ST-ZIP MARCO ISLAND, FL 33937 BILE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

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12. I hereby certify that the information supplied with this filting 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:

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

TEROLD KNALERHASE