

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000061258**

1. Entity Name  
VOELKEL ENTERPRISES, INC.



Principal Place of Business  
4312 SPRING RD  
VALRICO, FL 33594

Mailing Address  
4312 SPRING RD  
VALRICO, FL 33594



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3459619 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VOELKEL, CARLE  
4312 SPRING RD  
VALRICO, FL 33594

**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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

118870504309  
04/26/06-80067-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VOELKEL, CARLE  
STREET ADDRESS 4312 SPRING RD  
CITY-ST-ZIP VALRICO, FL 33594

TITLE SD  
NAME VOELKEL, DOROTHY A  
STREET ADDRESS 4312 SPRING RD  
CITY-ST-ZIP VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: *Carle E. Voelkel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06  
Date

813 689 300  
Daytime Phone #