

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/

FILED
May 23, 2005 8:00 am
Secretary of State

04-20-2005 90322 009 ***150.00

DOCUMENT # P98000103842

1. Entity Name

JOLENE E. MUNZENRIEDER, P.A.



Principal Place of Business

**9240 THE LANE
NAPLES, FL 34109**

Mailing Address

**9240 THE LANE
NAPLES, FL 34109**

66010410



DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3546650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUNZENRIEDER, JOLENE E
9240 THE LANE
NAPLES, FL 34109**

**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

Jolene E. Munzenrieder

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

(NOTE: Registered Agent signature required when rechartering)

DATE

4-13-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
STREET ADDRESS
CITY-ST-ZIP
**D
MUNZENRIEDER, JOLENE E
9240 THE LANE
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNED OFFICER OR DIRECTOR

Jolene E. Munzenrieder

Date

Daytime Phone #

5-12-05 2398602324