

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNZENRIEDER, JOLENE E
9240 THE LANE
NAPLES, FL 34109

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3546650	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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 is required when relocating)

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	D
NAME	MUNZENRIEDER, JOLENE E
STREET ADDRESS	9240 THE LANE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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

Jolene E. Munzenrieder

S-17-05 2398602324

Date

Daytime Phone #