

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J22804

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC3306663331**

**Entity Name:** WENDT PRODUCTIONS, INC.

**Current Principal Place of Business:**

17301 SOLIE ROAD  
ODESSA, FL 33556

**Current Mailing Address:**

P.O. BOX 819  
ODESSA, FL 33556 US

**FEI Number:** 59-2697234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WENDT, SUSAN  
17301 SOLIE RD  
ODESSA, FL 33556 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name WENDT, SUSAN A  
Address 17301 SOLIE ROAD  
City-State-Zip: ODESSA FL 33556

Title EVP  
Name WENDT, ALAN  
Address 17301 SOLIE RD  
City-State-Zip: ODESSA FL 33556

Title VP  
Name WENDT, RYAN  
Address 9935 STOCKBRIDGE DR  
City-State-Zip: TAMPA FL 33626

Title S  
Name WENDT, RYAN  
Address 9935 STOCKBRIDGE DR  
City-State-Zip: TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN WENDT

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date