2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOGUMENT # 653182 **Secretary of State** 1. Entity Name TRAUT ADVERTISING, INC. Principal Place of Business Mailing Address 450 EAST PROSPECT ROAD OAKLAND PARK FL 33334 450 EAST PROSPECT ROAD OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1963641 Not Applicable Ζıp Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAUT, CHARLES Street Address (P.O. Box Number is Not Acceptable) 8302 N.W. 15TH CT. **CORAL SPRINGS FL 33065** Zip Code 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, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State S. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE ☐ Delete TITLE U00000037513 02/06/04-80101-014 150.00 NAME TRAUT, CHARLES J. NAMÉ STREET ADDRESS 8302 N.W. 15TH COURT STREET ADDRESS CORAL SPRINGS FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED