

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90212 023 \*\*\*150.00

**DOCUMENT # J67120**

1. Entity Name  
**SALZBURG, INC.**



Principal Place of Business  
**2100 S TAMiami TRL.  
SARASOTA, FL 34239 US**

Mailing Address  
**2100 S TAMiami TRL.  
SARASOTA, FL 34239 US**

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2793386**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHOAF, MARGARET  
2100 S TAMiami TR #200  
SARASOTA, FL 34239**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHOAF, MARGARET
STREET ADDRESS	2100 S TAMiami TR 200
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	VPTD
NAME	HEINE, CHRISTA
STREET ADDRESS	2100 S TAMiami TR 200
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	S
NAME	HEINE BERND
STREET ADDRESS	2100 S TAMiami TR 200
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	VP
NAME	SILKE LEHMEN
STREET ADDRESS	2100 S TAMiami TR 200
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #