



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 011 ***150.00

DOCUMENT # K48638 1. Entity Name REBHAN TROPICAL PALM, INC.					
Principal Place of Business 2707 E. 6TH STREET LEHIGH ACRES, FL 33936			Mailing Address 2707 E. 6TH STREET LEHIGH ACRES, FL 33936		
2. Principal Place of Business 417 Columbus Avenue Suite, Apt. #, etc.		3. Mailing Address 417 Columbus Avenue Suite, Apt. #, etc.			
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL		4. FEI Number 65-0091665	
Zip 33936		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REBHAN, MAGDALENA 2707 E. 6TH ST. LEHIGH ACRES, FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 417 Columbus Avenue City Lehigh Acres FL Zip Code 33936	
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: <u><i>Heinz Rebhan</i></u> Heinz Rebhan DATE: <u>04-27-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHAN, MAGDALENA 602 ROSSEVELT AVE. LEHIGH ACRES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 417 Columbus Avenue Lehigh Acres, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHAN, HEINZ HELMUT 602 ROSSEVELT AVE. LEHIGH ACRES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 417 Columbus Avenue Lehigh Acres, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Heinz Rebhan</i></u> Heinz Rebhan			Date: <u>04-27-04</u> Daytime Phone #: <u>239-368-6466</u>		