

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037700

Entity Name: OTTO E. BRUESTLEN, PA

FILED
Jun 20, 2005
Secretary of State

Current Principal Place of Business:

528 FLORAL DR.
KISSIMMEE, FL 34743

New Principal Place of Business:

907 ASHWOOD CT
KISSIMMEE, FL 34743

Current Mailing Address:

528 FLORAL DR.
KISSIMMEE, FL 34743

New Mailing Address:

907 ASHWOOD CT
KISSIMMEE, FL 34743

FEI Number: 59-3712391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUESTEIN, OTTO E
528 FLORAL DR.
KISSIMMEE, FL 33473 US

Name and Address of New Registered Agent:

BRUESTLEN, OTTO E
907 ASHWOOD CT
KISSIMMEE, FL 34743 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: OTTO BRUESTLEN

06/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUESTEIN, OTTO E
Address: 528 FLORAL DR.
City-St-Zip: KISSIMMEE, FL 33473

Title: VD () Delete
Name: BRUESTEIN, MAGDELVEY I
Address: 528 FLORAL DR.
City-St-Zip: KISSIMMEE, FL 33473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRUESTLEN, OTTO E
Address: 907 ASHWOOD CT
City-St-Zip: KISSIMMEE, FL 34743

Title: VD (X) Change () Addition
Name: BRUESTLEN, MAGDELVEY I
Address: 528 FLORAL DR.
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OTTO BRUESTLEN

PD

06/20/2005

Electronic Signature of Signing Officer or Director

Date