


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90306 047 \*\*\*150.00

**DOCUMENT # P01000059756**

1. Entity Name  
**BERND PREISSINGER CORP.**



Principal Place of Business  
 1622 S.E. 40TH TERR.  
 CAPE CORAL, FL 33904 US

Mailing Address  
 2221 SW 43RD LANE  
 CAPE CORAL, FL 33914 US


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1318 Lafayette Street**  
 Suite, Apt. #, etc.

City & State  
**Cape Coral, Florida**

Zip  
**33904**

Country  
**Lee**



04122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**DEROUEN, SHELLY A**  
**12730 NEW BRITTANY BLVD**  
**FT MYERS, FL 33907**

4. FEI Number  
**84-1362497**

Applied For  
 Not Applicable

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

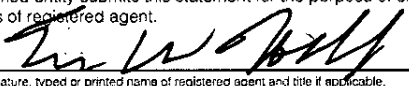
7. Name and Address of New Registered Agent

Name  
**Thomas W. Hill**

Street Address (P.O. Box Number is Not Acceptable)  
**1318 Lafayette Street**

City  
**Cape Coral** **FL** Zip Code  
**33904**

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  DATE **4-15-04**

Signature, typed 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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PREISSINGER, BERND 1622 S.E. 40TH TERR. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREISSINGER, BERND 1622 S.E. 40TH TERR. CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  DATE: **4/15/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR