2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90033 005 ***158.75

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1. Entity Name
THE EIFFERT LAW FIRM, INC.

Principal Place of Business	Mailing Address
2582 S. MCGUIRE ROAD #188 OCOEE, FL 34761	2582 S. MCGUIRE ROAD #188 OCOEE, FL 34761

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
425 W. COLONIAL DR.		425 W. COLONIAL DR	
Suite, Apt. #, etc.: SUITE 104		Suite, Apt. #, etc.: SUITE 104	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32804	Country: U.S.A.	Zip: 32804	Country: USA

4. FEI Number 76-0742740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EIFFERT, CRYSTAL L
487 DARKWOOD AVENUE
OCOEE, FL 34761

7. Name and Address of New Registered Agent

Name: CRYSTAL L. EIFFERT
Street Address (P.O. Box Number is Not Acceptable): 425 W. COLONIAL DR. SUITE 104
City: ORLANDO FL Zip Code: 32804

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: CRYSTAL L. EIFFERT [signature] DATE: 3/3/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P / D ☐ Delete	TITLE	VP / D ☐ Change ☒ Addition
NAME	EIFFERT, CRYSTAL L	NAME	COLETTA ANTHONY
STREET ADDRESS	487 DARKWOOD AVENUE	STREET ADDRESS	4606 COUNTRY CLUB RD.
CITY-ST-ZIP	OCOEE, FL 34761	CITY-ST-ZIP	ORLANDO FL 32835
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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: [signature] 3/3/04 407-244-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #