


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P39100
 1. Entity Name
KERLIM INCORPORATED



| | |
|--|--|
| Principal Place of Business C/O WILLIAM ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 | Mailing Address C/O WILLIAM ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 |
|--|--|

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0333389 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**ATTERBURY, WILLIAM
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL 33480**

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 _____ DATE _____
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
 Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FUCHS, ROLF LENZENWIESSTRASSE 3 ZOLLIKON, SW |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ATTERBURY, WILLIAM W, III 321 ROYAL POINCIANA PL. PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD FUCHS, MARTHA ZURICHSTRASSE 9 ZUSNACHT, SW |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 07/09/04-80013-022 150.00

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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 or without other like empowered.

SIGNATURE: _____ DATE: **7/2/04** Daytime Phone #: **561-659-1720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR