

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059831

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: GERMSTOPPER MANAGEMENT CORPORATION

**Current Principal Place of Business:**

26 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

26 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034 US

**New Mailing Address:**

FEI Number: 59-3455971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TODD, WILLIAM M  
26 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TODD, WILLIAM M  
Address: 26 SEA MARSH ROAD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TODD, SARAH C  
Address: 266A CARL STREET  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: D ( ) Change (X) Addition  
Name: TODD, VIRGINIA M  
Address: 266A CARL STREET  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: O ( ) Change (X) Addition  
Name: TODD, WILLIAM M  
Address: 26 SEA MARSH ROAD  
City-St-Zip: AMELIA ISLAND, FL 32034

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: WILLIAM M. TODD

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

04/30/2004

\_\_\_\_\_ Date