


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000092936
 1. Entity Name
GUENTER ENDERLE ENTERPRISES, INC.



Principal Place of Business 27 W TARPON AVE TARPON SPRINGS, FL 34689	Mailing Address 1454 LAKEVIEW DRIVE TARPON SPRINGS, FL 34689
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480217	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
 GORBY, ROBERT
 1454 LAKEVIEW DRIVE
 TARPON SPRINGS, FL 34689

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D ENDERLE, GUNTER KIESELBRONNER STRASSE 28 D-75177 PFORZHEIM GERMANY,
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 07/08/04-80007-020 150.00

DO NOT WRITE IN THIS SPACE

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: Robert Gorby 7/6/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #