

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 009 ***150.00

DOCUMENT # P00000110826

1. Entity Name
115 ASSOCIATES, INC.



Principal Place of Business
129 WIDE RIVER COVE ST
STUART, FL 34994

Mailing Address
P.O. BOX 608
JENSEN BEACH, FL 34958

14012042

2. Principal Place of Business
1725 NW HARBOR PI
Suite, Apt. #, etc.

3. Mailing Address
1725 NW HARBOR PI
Suite, Apt. #, etc.



03212004 Chg-P CR2E034 (10/03)

City & State
Stuart Florida

City & State
Stuart Florida

Zip
34994

Country
USA

Zip
34994

Country
USA

4. FEI Number
65-1058423

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEHLEMEYER, FREDRICK B
129 WIDE RIVER COVE
STUART, FL 34994

7. Name and Address of New Registered Agent
Name
FRED SEHLEMEYER
Street Address (P.O. Box Number is Not Acceptable)
1725 NW HARBOR PLACE
City
STUART FL Zip Code
34994

I, 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 Fred Sehlmeier (NOTE: Registered Agent signature required when reinstating)

DATE 4/16/04

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SEHLEMEYER, FRED 1725 NW HARBOR PLACE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD FRED SEHLEMEYER 1725 NW HARBOR PI STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEHLEMEYER, FREDRICK B 129 WIDE RIVER COVE ST STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEHLEMEYER, LAURIE J 129 WIDE RIVER COVE ST STUART, FL 34994 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Fred Sehlmeier 4/16/04 (772) 692-4068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #