

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90034 039 ***150.00

DOCUMENT # P97000092499

1. Entity Name

689 NE 125 STREET CORPORATION



Principal Place of Business

**25040 ASCOT LAKE CT.
BONITA SPRINGS FL 34134
US**

Mailing Address

**25040 ASCOT LAKE CT.
BONITA SPRINGS FL 34134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIEBER, DOUGLAS E
9240 BONITA BEACH RD
#3305
BONITA SPRINGS FL 34135**

Name **WIEBEL, DOUGLAS E**

Street Address (P.O. Box Number is Not Acceptable)

9420 BONITA BEACH ROAD, STE. 200

City **BONITA SPRINGS**

FL

Zip Code **34135**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **DPST**
STREET ADDRESS **MITTHOF, HANS**
CITY-ST-ZIP **P O BOX 1370
KOENIGSTEIN, GERMANY 61453**

TITLE ☒ Change ☐ Addition
NAME **DPST**
STREET ADDRESS **MITTHOF, HANS**
CITY-ST-ZIP **HOMBUEHL STR. 1
88410 BAD WURZACH, GERMANY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **H. MITTHOF**

1/27/05

239-495-0606