

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 232691**

1. Entity Name  
**J.H. SULTENFUSS INC.**



Principal Place of Business  
**4401 WEST CREST AVENUE  
TAMPA, FL 33614**

Mailing Address  
**4401 WEST CREST AVENUE  
TAMPA, FL 33614**



03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0883257**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SULTENFUSS, MICHAEL W.  
4401 WEST CREST AVENUE  
TAMPA, FL 33614**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000096255  
03/25/04-80023-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SULTENFUSS, MARY AGNES  
412 S HUBERT STREET  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SULTENFUSS, M. W.  
12004 NICHOLAS CR.  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
SULTENFUSS, R.C.  
713 ROSIER RD  
BRANDON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23 2004 813/871-9600  
**Michael W. Sultenfuss, President**