


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 530905 1. Entity Name KREISSLE FORGE, INC.	
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Principal Place of Business 7947 N TAMiami TRAIL SARASOTA, FL 34243	Mailing Address 7947 N TAMiami TRAIL SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1732099	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 KREISSLE, PETER 7947 NORTH TAMiami TRAIL SARASOTA, FL 34243	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000060563 02/23/04-80044-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREISSLE, GEORGE JR 125 HOLLY AVE SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREISSLE, PETER 10329 BAYVIEW DR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KREISSLE, METHILD 7947 N TAMiami TRAIL SARASOTA, FL 34243
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)(f), 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: Mechthild Kreissle Treas. 2/19/2004 941-355-6795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MECHTHILD KREISSLE