


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 568825
 1. Entity Name
GERMAN AMERICAN TRADING COMPANY, INCORPORATED.



Principal Place of Business: **GERMAN AMERICAN TRADING CO, INC STE 37 TAMPA FL 33624 US**
 Mailing Address: **P.O. BOX 17789 TAMPA FL 33682**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-2331515**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHOBE, DAVID C., ESQ.
 501 E. KENNEDY BLVD. 17TH FLOOR
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE (if applicable) (NOTE: Registered Agent signature is required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE	PVS	<input type="checkbox"/> Delete
NAME	NEIDHARDT, BERTHOLD	
STREET ADDRESS	P.O. BOX 17789 N/A	
CITY-ST-ZIP	TAMPA FL 33682-7789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEIDHARDT, BERTHOLD	
STREET ADDRESS	P.O. BOX 17789 N/A	
CITY-ST-ZIP	TAMPA FL 33682-7789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000820629
 02/18/08-80035-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Berthold Neidhardt* **BERTHOLD NEIDHARDT 2/6/08 813-961-8405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR