

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 033 ***150.00

DOCUMENT # 611155

1. Entity Name
CONTINENTAL EXCHANGE, INC.



Principal Place of Business
**101 BRINY AVENUE, 809N
SUITE 1203
POMPANO BEACH, FL 33062**

Mailing Address
**101 BRINY AVENUE, 809N
SUITE 1203
POMPANO BEACH, FL 33062**

44020218



DO NOT WRITE IN THIS SPACE

02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1982113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDITHA FREUDENBERG
101 BRINY AVE
#1203
POMPANO BEACH, FL 33062**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREUDENBERG, EDITH 101 BRINY AVENUE, 1203 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEUDERS, HEIDI K <i>LEUDERS, Heidi</i> 101 BRINY AVE 1203 POMPANO BEACH, FL
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**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

Date

Daytime Phone #

H. Leuders V-Prec

03/18/04