## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 18, 2004 8:00 am Secretary of State **DOCUMENT # 677551** 1. Entity Name 02-18-2004 90004 031 \*\*\*158.75 WITTEKIND ENTERPRISES, INC. Principal Place of Business Mailing Address 318 HARDING AVE 318 HARDING AVE -COCOA BEACH FL 32931 COCOA BEACH FL 32931 US 2. Principal Place of Business 3. Mailing Address 950 NCOURTED Suite, Apt. #, etc. uite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2008591 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITTEKIND, GARY Street Address (P.O. Box Number is Not Acceptable) 318 HARDING AVE COCOA BEACH FL 32931 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition NAME WITTENKIND, GARY A. NAME STREET ADDRESS 318 HARDING AVE STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change WITTEKIND, BRYCE NAME NAME STREET ADDRESS 5329 SEA BISCUIT RD STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL 33418 CITY-ST-ZIP -TITLE TITLE Change ☐ Addition -= Delete WITTEKIND, SHANA STREET ADDRESS 5329 SGA BISCUIT RD STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL 33418 CITY-ST-ZIP VPD ☐ Delete ☐ Change ☐ Addition HENDERSON, ANGELA NAME 318 HARDING AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP SECRETARY ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 1770 BAYBERRY CT CITY-ST-ZIP CITY - ST - ZIP 2953 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

**FILED**