

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90053 027 ***158.75

DOCUMENT # 688562

1. Entity Name
TILLMARC, INC.



Principal Place of Business
**3037 BUCK RIDGE TRAIL
P.O. BOX 885
LOXAHATCHEE FL 33470
US**

Mailing Address
**PO BOX 885
LOXAHATCHEE FL 33470
US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2023319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFERDEKAEMPER, GISELA
2891 BUCK RIDGE TRAIL
LOXAHATCHEE FL 33470**

Name **DR. PFERDEKAEMPER, TRUSTEE**
Street Address (P.O. Box Number is Not Acceptable)
**3037 BUCK RIDGE TRAIL
LOXAHATCHEE, FL. 33470**
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 *Dr. Pferdekaemper, Pks.* **(DR. PFERDEKAEMPER)** **02-07-05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TS** ☐ Delete
NAME **PFERDEKAEMPER, GISELA**
STREET ADDRESS **3037 BUCKRIDGE TRAIL**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **PFERDEKAEMPER, HORST-EWA**
STREET ADDRESS **3037 BUCK RIDGE TRAIL**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dr. Pferdekaemper, Pks.* **(DR. PFERDEKAEMPER)** **02-07-05** **753 0819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #