

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91028 029 ****61.25

DOCUMENT # 716271 1. Entity Name SCHLARAFFIA FLORIDANA, INC.			
Principal Place of Business HARTMUT COMBERG 620-5TH ST. N ST. PETERSBURG FL 33701 US		Mailing Address C/O HARTMUT COMBERG 620-5TH ST. N ST PETERSBURG FL 33701 US	
2. Principal Place of Business KURT SCHIEFER		3. Mailing Address C/O KURT SCHIEFER	
Suite, Apt. #, etc. P.O. BOX 1053		Suite, Apt. #, etc. P.O. BOX 1053	
City & State INDIAN ROCKS BEACH		City & State INDIAN ROCKS BEACH	
Zip FL 33785	Country PINELLAS	Zip FL 33785	Country PINELLAS
4. FEI Number 23-7295072		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 SCHROEDER, GUENTHER E. 11711 CAMPHOR WAY SEMINOLE FL 34642		7. Name and Address of New Registered Agent Name SCHROEDER GUENTHER E. Street Address (P.O. Box Number is Not Acceptable) 732 VINOY PLACE 555 5TH AVE. NE. City ST. PETERSBURG FL Zip Code 33701	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEAGELIN, GUENTER 589 OCEANVIEW AVENUE PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBERG, HARTMUT 620 FIFTH STREET N. SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PCHL, GUSTAV 2569 10TH AVENUE S.W. LARGO FL 33770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENKEL RONALD H. 921 LANTANA AVE. CLEARWATER BEACH, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMBERT, DIETER W 2617 COVE CAY DRIVE CLEARWATER FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHIEFER KURT P.O. BOX 1053 INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEGRIST, RUDOLF 4801 OSPREY DR S, #410 ST. PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: RUDOLF SIEGRIST, Rudolf Siegrist		Date: 04/30/04 Daytime Phone #: 727-864-6802	