


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 Suite, Apt. #, etc. P.O. BOX 1053		3. Mailing Address C/O KURT SCHIEFER Suite, Apt. #, etc. P.O. BOX 1053			
City & State INDIAN ROCKS BEACH		City & State INDIAN ROCKS BEACH		4. FEI Number 23-7295072	
Zip FL.33785		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip FL.33785		Country PINELLAS		Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POHL, GUSTAV 2569 10TH AVENUE S.W. LARGO FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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 <i>Rudolf Siegrist</i> 04/30/04 727-864-6802 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					