

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004910

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** JOSEF SEIBEL NORTH AMERICA, INC.

**Current Principal Place of Business:**

3405 DEL WEBB AVE., N.E.  
SALEM, OR 97303

**New Principal Place of Business:**

**Current Mailing Address:**

3405 DEL WEBB AVE., N.E.  
SALEM, OR 97303

**New Mailing Address:**

FEI Number: 93-1283115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: PIERCE, DEAN  
Address: 3405 DEL WEBB AVE NE  
City-St-Zip: SALEM, OR 97303

Title: VT ( ) Delete  
Name: O'TOOLE, GEORGE  
Address: 3405 DEL WEBB AVE NE  
City-St-Zip: SALEM, OR 97303

Title: D ( ) Delete  
Name: SEIBEL, CARL AUGUST  
Address: 3405 DEL WEBB AVE NE  
City-St-Zip: SALEM, OR 97303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN PIERCE

PRES

04/18/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date