

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90401 033 ***150.00

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1. Entity Name
EIGENHEIM CORP



Principal Place of Business Mailing Address
1140 LEE BLVD. **1140 LEE BLVD.**
LEHIGH ACRES FL 33971 **LEHIGH ACRES FL 33971**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

PO BOX 392
Lehigh Acres, FL
33970 *lee*



MOORE CR2E034 (11/03)

4. FEI Number Applied For
88-0455146 Not Applicable

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

6. Name and Address of Current Registered Agent

ECKART, FINGERLE
1140 LEE BLVD.
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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 *E. Fingerle* DATE *04-17-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CV	SUEN, HAMMER	2617 16TH ST. W.	LEHIGH ACRES FL 33971	<input type="checkbox"/>
PS	PFUNER, HEINZ S	1140 LEE BLVD.	LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/>
V	ECKART, FINGERLE	2617 16TH ST. W.	LEHIGH ACRES FL 33871	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Eckart Fingerle	2617 14th St. W	Lehigh Acres, FL 33971	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *P. Eckart Fingerle, E. Fingerle* DATE: *04-17-04* DAYTIME PHONE #: *(239) 367-5562*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #