

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90401 033 \*\*\*150.00

**DOCUMENT # F03000000829**

**1. Entity Name**

**EIGENHEIM CORP**



**Principal Place of Business**

**1140 LEE BLVD.  
LEHIGH ACRES FL 33971**

**Mailing Address**

**1140 LEE BLVD.  
LEHIGH ACRES FL 33971**

**2. Principal Place of Business**

**3. Mailing Address**

**PO BOX 392**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Lehigh Acres, FL**

**Zip**

**Country**

**Zip**

**Country**

**33970**

**lee**



**MOORE**

**CR2E034 (11/03)**

**4. FEI Number**

**88-0455146**

**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**

**ECKART, FINGERLE  
1140 LEE BLVD.  
LEHIGH ACRES FL 33971**

**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*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04-17-04**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**CV**  
**SUEN, HAMMER**  
**2617 16TH ST. W.**  
**LEHIGH ACRES FL 33971**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**PS**  
**PFUNER, HEINZ S**  
**1140 LEE BLVD.**  
**LEHIGH ACRES FL 33971**

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**V**  
**ECKART, FINGERLE**  
**2617 16TH ST. W.**  
**LEHIGH ACRES FL 33871**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**President**  
**Eckart Fingerle**  
**2617 14th St. W**  
**Lehigh Acres, FL 33971**

☒ Change ☐ Addition

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☐ Change ☐ 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 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*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**04-17-04**

**(239) 367-5562**