2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F35295

1. Entity Name

TESSLER CONSTRUCTION AND DEVELOPMENT COMPANY, INC.



FILED Apr 23, 2004 08:00 AM **Secretary of State**

Principal Place of Business

SIGNATURE:

Mailing Address

1167 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US

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DO NOT WRITE IN THIS SPACE

0	3172004 No Chg-P	CR2E034 (10/03)		
4. FEI Number			Applied For	
	59-2094951		Not Applicable	
*	Cortificate of Status Desired	П	\$8.75 Additional	

Fee Required

8. Name and Address of Current Registered Agent

TESSLER, ERIC N 1167 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

4/16/04

5. Certificate of Status Desired

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	Signature, typed or proted name of registered agent and title f	applicable. (NOTE: Flegistered	I Agent signature required when reinstitling) DATE					
FILE NOWII: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution			gnis	\$5.00 May Be Added to Fees	000000127812 04/26/04-80014-004 150.00			
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZP	DP TESSLER, ERIC N 1167 SAWGRASS CORPORATE PKW SUNRISE, FL	Υ						
title Name Street address City-St-Zip								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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 tike empowered.								

ER OR DIRECTOR