2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003644

Name:

Address:

City-St-Zip:

LEWIS, TRAUDY

1901 KENT ST STE F

WILMINGTON, NC 28403

Entity Name: BAVARIA HOUSE CORP

FILED Apr 26, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of E	New Principal Place of Business:	
1901 KEN STE F	T ST FON, NC 28403	3 US	1901 KENT ST STE G2 WILMINGTON, NC 28403	S US	
	·		,	. 03	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1901 KEN STE F WILMINGT	T ST FON, NC 28403	3 US	1901 KENT ST STE G2 WILMINGTON, NC 28403	s US	
FEI Number:	: 56-1764176	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of Ne	Name and Address of New Registered Agent:	
CAPE COI	49TH TERRACE RAL, FL 33914 named entity so e of Florida.	US	purpose of changing its registered off	ice or registered agent, or both,	
	Electroni	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I ENGELHARDT, J 1813 SW 49TH I CAPE CORAL, F	ERRACE	Title: () 0 Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	RITTER, GERHA	NE RD., SUITE 813	Title: () 0 Name: Address: City-St-Zip:	Change ()Addition	
Title:	EVP ()I	Delete	Title: () (Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TRAUDY LEWIS EVP 04/26/2004