29 Apr 04 14:33 Höcker Hallenservice Gmb

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90775 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005617

1. Entity Name
HOECKER, INC.

Principal Place of Business	Mailing Address
11595 KELLY RD. 115 FT. MYERS, FL 33908 US	11595 KELLY RD. 115 FT. MYERS, FL 33908 US

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

14018494

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3200364 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

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 _____ Signature, typed or printed name of registered agent (if not a business) (NOTE: Registered Agent signature required when signature) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	Delete
PD HOECKER, JOERN D-32107 BAD SALZUFLEN-LOCHHAUSEN GERMANY,	☐
VT PIERRO, 11595 KELLY RD 115 FT. MYERS, FL	☒
S LUTRINGER, RICHARD E 101 PARK AVENUE NEW YORK, NY	☐
D HOECKER, UWE D-32107 BAD SALZUFLEN-LOCHHAUSEN GERMANY,	☒
D HOECKER, HORST D-32107 BAD SALZUFLEN-LOCHHAUSEN GERMANY,	☒
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change	Addition
CHAIRMAN OF THE BOARD HOECKER, JOERN D-32107 BAD SALZUFLEN GERMANY	☐	☒
PD HOECKER, JENS 33803 STEINHAGEN GERMANY	☐	☒
EXEC. VICE PRESIDENT ROLAND WICHBOLDT 32105 BAD SALZUFLEN GERMANY	☐	☒
	☐	☐
	☐	☐
	☐	☐

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 or another person 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 addition, with all other like empowered.

SIGNATURE: R Wichbold ROLAND WICHBOLDT APRIL 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF NORMAL OFFICER OR DIRECTOR Date Daytime Phone #