

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 025 ***150.00

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1. Entity Name
SIRI INCORPORATED



Principal Place of Business
4235 ERINDALE DR.
NORTH FORT MYERS, FL 33903

Mailing Address
4235 ERINDALE DR.
NORTH FORT MYERS, FL 33903

94049226



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03032004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3581303

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ZAHN, CORNELIA A
4231 ERINDALE DR
FORT MYERS, FL 33903

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME ZAHN, JOCHEN
STREET ADDRESS HERMANN-AUST-STR.9/ D-86825/BADWORISHOFEN
CITY-ST-ZIP GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD
NAME ZAHN, CORNELIA
STREET ADDRESS 4231 ERINDALE DR
CITY-ST-ZIP FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ZAHN, FLORIAN
STREET ADDRESS JULICHER STR 25-27
CITY-ST-ZIP ACHEN, GERMANY; 52070

TITLE
NAME Zahn, Florian
STREET ADDRESS Bleuecher Platz
CITY-ST-ZIP Aachen, Germany 52070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ 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:

Cornelia Zahn

3-05-04

239-6560019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #