


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90106 036 \*\*\*150.00

DOCUMENT # F99000006269	
1. Entity Name BAVARIA ENTERPRISES INCORPORATED	

Principal Place of Business P.O. BOX 413005 PMB #5 NAPLES FL 34101-3005	Mailing Address P.O. BOX 413005 PMB #5 NAPLES FL 34101-3005
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2. Principal Place of Business #1201 4255 GULF SHORE BLVD Suite, Apt. #, etc. 1201	3. Mailing Address Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State	4. FEI Number 58-2167522	Applied For Not Applicable
Zip 34103	Country COLLIER	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MORGENSTERN, MARTHA C 4255 GULF SHORE BLVD. N. APT. 1201 NAPLES FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P MORGENSTERN, MARTHA C 4255 GULF SHORE BLVD. N. APT. 1201 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M. Morgenstern/Jam 03-08-05 (239) 774-8145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #