2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 27, 2004 8:00 am Secretary of State DOCUMENT # H03338 1. Entity Name 04-27-2004 90071 025 ***150.00 BRUCKNER INTERNATIONAL, INC. Mailing Address Principal Place of Business P O BOX-2949-PO BOX 2534 INVERNESS FL 34451 1699 SOUTH HILLOCK-TERRACE 74001710 PO BOX 2534 INVERNESS FL 34452 2. Principal Place of Business 3. Mailing Address P. O. Box 2534 Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2437004 Pembroke Not Applicable nverness Country \$8.75 Additional 5. Certificate of Status Desired Û 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUDWIG, NECHYBA Street Address (P.O. Box Number is Not Acceptable) 1699 SOUTH HILLOCK TERRACE **INVERNESS FL 34452** 8. The above named of the 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 doligations of registered agent. Ludwio Nechyba picable. UNOTE: Registered Agént signature required when reinstating) SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Hechyba Inpriol 2212 Stuart Dr Durham, NC 27707 TITLE ☐ Delete TITLE NECHYBACINGRID NAME NAME PO BOX 2534 STREET ADDRESS STREET ADDRESS INVERNESS FL CITY-ST-ZIP CITY-ST-ZIP VP Ludwig Nechyla □ Change 5400 NW 39th Ave N126 Gainesville FL 32606 Delete. ☐ Addition TITLE TITLE NECHYBA, LUDWIG MAME NAME STREET ADDRESS 1699 S HILCOC, TERR STREET ADDRESS CITY-ST-ZIP INVERNESS FL CITY-ST-ZIP Change THE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mre TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED