

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90665 037 ***150.00

DOCUMENT # H82207

1. Entity Name

CAXAMBAS ASSOCIATES, INC.



Principal Place of Business

945 CAXAMBAS DR
MARCO ISLAND FL 33937-5907
US

Mailing Address

4201 N. CNTY. RD. M
EVANSVILLE WI 53536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

PARKER, GEORGE
945 CAXAMBAS DR
MARCO ISLAND FL 33937

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

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

TITLE VP ☐ Delete
NAME THERMANSEN, MARTHA
STREET ADDRESS 5320 N. LAKE DRIVE
CITY-ST-ZIP MILWAUKEE WI

TITLE CP ☐ Delete
NAME PARKER, GEORGE
STREET ADDRESS 945 CAXAMBAS DRIVE
CITY-ST-ZIP MARCO FL

TITLE VP ☐ Delete
NAME PARKER, GEORGE III
STREET ADDRESS 126 E. SEVERN RD.
CITY-ST-ZIP NORFOLK VA 23505

TITLE VP ☐ Delete
NAME CUMPIANO, ELIZABETH
STREET ADDRESS 107 CALLE TRES HERMANOS
CITY-ST-ZIP CONDADO PR

TITLE VP ☐ Delete
NAME SCHULTZ, PATRICIA
STREET ADDRESS 2512 N. RIO GRANDE DR.
CITY-ST-ZIP MERRILL WI 54452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *George Parker*

George Parker

4/5/2004

608/882-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #