


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90009 044 \*\*\*150.00

**DOCUMENT # J67120**

1. Entity Name  
**SALZBURG, INC.**



Principal Place of Business      Mailing Address

2100 S KTAMIAMI TR      2100 S KTAMIAMI TR  
 #200      #200  
 SARASOTA, FL 34239 US      SARASOTA, FL 34239 US

02262004



2. Principal Place of Business      3. Mailing Address

*2100 S. TAMAMIAMI TRL*      *2100 S. TAMAMIAMI TRL*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02262004      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

**59-2793386**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHOAF, MARGARET**  
 2100 S TAMAMIAMI TR #200  
 SARASOTA, FL 34239

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
P	SHOAF, MARGARET	2100 S TAMAMIAMI TR 200	SARASOTA, FL 34239	<input type="checkbox"/>
VPTD	PLAGMAN, CHRISTA	2100 S TAMAMIAMI TR 200	SARASOTA, FL 34239	<input type="checkbox"/>
S	HEINE BERND	2100 S TAMAMIAMI TR 200	SARASOTA, FL 34239	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HEINE, CHRISTA			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Bessie Stein*      03-31-04      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #