2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # J69313** 02-23-2004 90029 027 ***150.00 1. Entity Name WIESEMANN ENTERPRISES, INC. Principal Place of Business 10388 LONGWOOD DR 10388 LONGWOOD DR SEMINOLE, FL 33777 US SEMINOLE, FL 33777 USecour diagona, or viviliant vivil midian log i todo lata lumber o la se The standard design and the 02182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2802975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent WIESEMANN, GAIL DO NOT WRITE 10388 LONGWOOD DRIVE LARGO, FL 34647 IN THIS SPACE the state of the second 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. Tam familiar with, and accept the obligations of registered agent. 10330 LONC TOSE 03 2000 s (00 a 1000 93 gada nasa 195 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE:NOW!!!~FEE-IS:\$150:00= Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WIESEMANN, BRUCE O. NAME 10388 LONGWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL TITLE WIESEMANN, GAIL L. NAME 10388 LONGWOOD DRIVE STREET ADDRESS LARGO, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP: IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

FILED

WIESEMHIM

SIGNATURE: