2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K04146

Entity Name

Principal Place of Business

% KARL C. LANDSTEINER

2133 WINKLER AVE, STE 300 FT. MYERS, FL 33901

KARL C. LANDSTEINER, P.A.



Mailing Address

P. O. BOX 6844

FT MYERS, FL 33911-6844 US

FILED
Jan 24, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0013789 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agent

LANDSTEINER, KARL C. 2133 WINKLER AVE. STE 300

DO NOT WRITE IN THIS SPACE

F1. MYERS, FL 33901	114	THIS STACE	
The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accep	
SIGNATURE Signature, typed or printed name of registered agent and title i	il applicable. (NOTE, Registered Agent signature required when reinstating)	DATE	
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 DIRECT ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	CTOHS	U00000012414 .01/26/04-80007-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TIYLE			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl C. Landsteiner

1/3年/2004

239-936-2841

Daytime Phone #