


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90076 006 ***150.00

DOCUMENT # K72056
 1. Entity Name
ERIC K. NEITZKE, P.A.



Principal Place of Business
C/O ERIC K. NEITZKE
444 SEABREEZE BOULEVARD, SUITE 900
DAYTONA BEACH, FL 32118

Mailing Address
C/O ERIC K. NEITZKE
444 SEABREEZE BOULEVARD, SUITE 900
DAYTONA BEACH, FL 32118

24026746



2. Principal Place of Business
412 N. Wild Olive
 Suite, Apt. #, etc.

3. Mailing Address
412 N. Wild Olive
 Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32118 Country
USA

Zip
32118 Country
USA

4. FEI Number
59-2937753

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NEITZKE, ERIC K.
19 LOST CREEK LANE
ORMOND BEACH, FL 32174

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 _____
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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10 OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME NEITZKE, ERIC K.	
STREET ADDRESS 19 LOST CREEK LANE	
CITY-ST-ZIP ORMOND BEACH, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information provided.

SIGNATURE:  **Eric K Neitzke**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-29-04** Daytime Phone # **386-323-1900**