

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85119

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: RALF TREBING, INC.

**Current Principal Place of Business:**

4537 DEL PRADO  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

4537 DEL PRADO  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 65-0117468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TREBING, RALF  
2718 SE 24TH PL  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TREBING, RALF  
Address: 2718 SE 24TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: V  
Name: TREBING, HEIKE  
Address: 2718 SE 24TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: T  
Name: TREBING, RALF  
Address: 2718 SE 24TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: TREBING, HEIKE  
Address: 2718 SE 24TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: C  
Name: TREBING, RALF  
Address: 2718 SE 24TH PL  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEIKE TREBING

V

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date