

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 019 ***150.00

DOCUMENT # L09766

1. Entity Name

COLDINGER, INC.



Principal Place of Business

6747 SW LIVE OAK LANE
STUART FL 34997
US

Mailing Address

P.O. BOX 1482
STUART FL 34995
US

2. Principal Place of Business

128 NE TWYLITE TERR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE FL

City & State

4. FEI Number

65-0139839

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOGT, THOMAS A., ESQ.
700 COLORADO AVE.
STUART FL 34994

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME TUKIAINEN, RISTO ARVO
STREET ADDRESS 6787 SW LIVE OAK LN.
CITY-ST-ZIP STUART FL 34997

TITLE TS ☐ Delete
NAME TUKIAINEN, ARJA KATRI
STREET ADDRESS 6787 SW LIVE OAK LN.
CITY-ST-ZIP STUART FL

TITLE DV ☐ Delete
NAME HOLGER, KARLSTEDT J.
STREET ADDRESS 6747 SW LIVE OAK LN
CITY-ST-ZIP STUART FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 128 NE TWYLITE TERR.
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 128 NE TWYLITE TERR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 190 SW FAIRVIEW AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Risto Tukiainen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-04

772-343-9072

Date

Daytime Phone #