2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # L43320 1. Entity Name HORSTMANN INVESTMENT COMPANY, INC.						04-30-2004 9			
Principal Place	e of Business	Mailing Address			1				
11300 US HIGHWAY ONE 11300 US HIGHWAY OF			NE						
SUITE 203 NORTH PALM BEACH, FL 33408-3208 US JUNO BEACH, FL 33408			08-3208	US					
Principal Place of Business		3. Mailing Address			!				 68 1 129 *
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number NOT APP	LICABLE			plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of			8.75 Add	itional
 -	6. Name and Address of Current	 Registered Agent	<u> </u>	<u> </u>	7. Name and A	ddress of New Ro		<u></u>	
				Name			-g. <u></u> ,,	94	
FRICKER, MAX H 11300 U.S. HIGHWAY ONE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 203 NORTH PALM BEACH, FL 33408-3208									
				City			FL	Zip Code	9
	named entity submits this statement for	r the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	rida. I am fa	ımiliar with,	and accept
SIGNATURE_									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		,
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be led to Fees	_			
10.	OFFICERS AND		11.			JANICES TO OFFI	OFFIC ALIO	DIDECTOR	
TITLE NAME	PD .	☐ Delete		l l	ADDITIONS/CI	TAINGES TO OFF			
STREET ADDRESS	■ "				ADDITIONS/CI	TANGES TO OFF		☐ Change	Addition
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:			NAM STRE	E	ADDITIONS/CI	TANGES TO OFF			
TITLE	11300 US HWY.ONE STE 203 NORTH PALM BEACH, FL 3340 D ;		NAM STRE	E EET ADDRESS -ST-ZIP	ADDITIONS/C	TANGES TO OFF			
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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

H. Max Fricker/Pres.

4/16/04

561-625-1005

Date

Daytime Phone #